

# CHEMIST & DRUGGIST

The newsweekly for pharmacy

May 30, 1987

a Benn publication

NI contract  
deal in sight:  
pharmacists to  
meet on June 4

Unichem in bid  
to recover £2m  
corporation tax

Nor'Chem  
previewed

PL(PI) list  
updated

AESGP — 1992  
deadline set  
for a medicines  
common market

PHARMACY IN PRACTICE  
SPECIAL FEATURE

**OUTSTANDING PERFORMER**

86



**Enterosan<sup>®</sup>**  
REASSURINGLY EFFECTIVE  
WHEN TUMMY UPSETS STRIKE

Enterosan is the second fastest growing brand within pharmacy. Source: Nielsen July/August 1986.



# Going...



Sensitive teeth affect nearly half the UK population at some time, so the market is huge. And it's totally dominated by Sensodyne. But we're not just the brand leader. We're the No. 5 brand by value\* in the total toothpaste market.

# Going...

When Sensodyne F joined the range last year it was an instant hit. Backed by a National TV campaign, total brand sales surged ahead. So we're backing Sensodyne again with a record £2.7 million TV spend.



# Gone.

BACK ON TV IN JULY.

Consumers know Sensodyne works. When they try it, they stay with it. The Sensodyne F launch created new users, giving you extra business. It's also boosted total Sensodyne Sales to their highest level ever. So when TV starts in July make sure you're well stocked with Sensodyne F, Mint and Original. Sensodyne's the only brand you need.



## SENSODYNE TOOTHPASTES

Britain's No.1 brand for  
Sensitive Teeth

\*Independent Consumer audit 1986/87.

May 30, 1987  
Volume 227 No 5575

128th year of publication  
ISSN 0009-3033

Incorporating  
Retail Chemist

## Editor:

John Skelton BPharm, MPS

## Assistant Editor:

Patrick Grice BPharm, MPS

## Features Editor:

Steven Titmarsh BPharm, MPS

## Technical Editor:

Robert Darracott, BPharm, MPS

## Contributing Editor:

Adrienne de Mont  
BPharm, MPS

## Business Editor:

Nia Williams, BA

## Beauty Editor:

Frances Quinn, BA

## NPA Reporter

Liz Hunt BPharm MPS

## Reporter:

Jenny Filder, BA

**Art Editor:** Jonathan Bobbett

## Price List Controller:

Colin Simpson

## Advertisement Manager:

Peter Nicholls JP

## Assistant Advertisement Manager:

Doug Mytton

**Production:** Shirley Wilson

## Publisher:

Ronald Salmon FPS

## Director:

Christopher Leonard-Morgan

Published Saturdays  
by Benn Publications Ltd

Sovereign Way, Tonbridge,  
Kent TN9 1RW

Telephone: 0732 364422

Telex: 95132 Benton G

Facsimile: 0732 361534

**Subscriptions:** Home £63 per annum.  
Overseas & Eire £78 per annum in-  
cluding postage. £1.30 per copy  
(postage extra). Member  
of the Audit Bureau of  
Circulations



**Regional advertisement offices:**  
Midlands: 240-244 Stratford Road, Shirley,  
Sohihull, W. Midlands B90 3AE 021-744  
4427 North East and North West. Graeme  
House, Chorlton Place, Wilbraham Road,  
Manchester M21 1AQ. 061-881 0112 West  
Country & South Wales 10  
Badminton Road, Dore, Mend.  
Bristol BS16 6BQ 0272 564827



# IN THIS ISSUE

<b>NI contract deal almost reached . . .</b>	<b>1030</b>
<b>PL(PI) List — further entries</b>	<b>1034</b>
<b>Nor'Chem '87 previewed</b>	<b>1037</b>
<b>Pharmacy in Practice — C&amp;D checks on 'stage two' roles in action</b>	<b>1061</b>
<b>AESGP Vienna Conference — medicines common market by 1992?</b>	<b>1077</b>
<b>Unichem bid to recover £2m for members</b>	<b>1082</b>
Topical reflections by Xrayser	1035
Prescription specialities	1042
Counterpoints	1043
Letters	1081, 1082
Business news	1082
Coming events	1084
Classified advertisement	1085
People	1088

## COMMENT



Pharmacy and its related industries are, by and large, well served by its trade associations. This week, for instance, on p1035 Xrayser praises the initiative taken by the National Pharmaceutical Association, of boosting the images of the community pharmacist through media advertising, and says it was the factor in fixing the much improved image of the profession in the public eye. Doubtless the Pharmaceutical Services Negotiating Committee and the Pharmaceutical Society might argue, but then they are not trade associations!

The Cosmetic Toiletry and Perfumery Association held its annual meeting and dinner last week, at which there was much evidence of action taken by the executive and the committee elected from member companies on behalf of the industry in both the UK and the EEC (p1084).

And, beginning on p1077, there is a report of the annual conference of the European grouping of proprietary medicine manufacturers, the AESGP, and of a plan to introduce a common market of medicines common to Europe by 1992. Such a plan would have to balance the needs of national groupings, such as our own Proprietary Association of Great



Britain, with the needs of the whole. The aim of a trade association is always to find the consensus view and then to act overtly, or covertly, to achieve it.

A look at the annual report of the CTPA reveals some of the methods used by that organisation, in the main common to the others, to achieve that end. The danger for any trade organisation lies in an inability to establish a consensus, or in lacking effective means to lobby public, Parliament, or peers. For example, the Association of the British Pharmaceutical Industry last year for once appeared to fall between two stools on its policy on Original Pack Dispensing.

In 1986-87 the CTPA saw the government's new legislation on the scientific testing of substances on animals successfully introduced, but reflecting the balance deemed necessary by the industry: close

liason with Government Ministers and the lobbying of MPs in the face of other pressure groups was involved. Similar targeting of effort will have gone into influencing the course of the Consumer Protection Bill with its sections on bargain offers and misleading price indicators, etc, the EEC proposals on unit pricing and prescribed quantities, and the EEC Directive on Packaging and labelling.

The trick of the successful trade association is to spot the Exocets coming using the long range radar of the executive, and not to wait till visual contact is made by the ordinary member company, when corrective action may be too little, too late. The trick of the member companies is to select the right executive team and committees, to back them with information and a sufficient level of funding, and to carry the consensus view established by the industry to the pressure points in the community. Pharmacy trade associations have achieved much and, along with the major national organisations within pharmacy itself — the PSGB, NPA and PSNC — have done much to establish the profession in its 21st century garb (see Comment last week).





## PCC and DHSS near deal on NI contract

The Northern Ireland Pharmaceutical Contractors Committee was meeting with the Department of Health on Thursday to discuss the new contract for what it hoped was the last time.

Assuming the Department is able to satisfy the PCC on how payments are to be calculated under any new agreement for the Province, there will be a contractors meeting at the Drumkeen Hotel, Belfast on June 4. Notices will be sent to contractors early next week.

While most of the principal points of a new contract agreement have been reached, the PCC has been concerned that computer simulations have shown that contractors near the agreed cut-off point

may be worse off than under the present payment system.

Calculations done independently for PCC also differ from those produced by the DHSS. However, secretary Mr T.I. O'Rourke says the DHSS seems to think it can satisfy the PCC's doubts.

Details such as the cut off levels for compensation (at 1,300 items a month) and remuneration (lower but still not officially disclosed) have been agreed, as has the global sum available. Whether there will be three dispensing bands as proposed by the DHSS remains uncertain.

□ In February, chemists and appliance suppliers in Northern Ireland dispensed 1,125,504 prescriptions (695,117 forms) at a gross cost of £6,061,134.93 and an average cost of £5.39.

## PSNC complains of FPC go slow on compensation

The Pharmaceutical Services Negotiating Committee has written to the Department of Health drawing attention to cases where FPCs are being dilatory in dealing with applications for compensation.

Industrial action by the Society of Administrators of Family Practitioner

Services has led to a small number of applications (less than five, it is understood) being held up.

PSNC is asking the DHSS to exert pressure on those FPCs to fulfil their statutory obligations. However since FPCs are independent bodies it may be up to the pharmacists concerned to take action in the last resort (last week, p982).

There has been no move to settle the administrators' grievances since the Whitley Council met three weeks ago. However officers on both sides are to meet on June 1 to see if there is any way the current offer tabled by the DHSS can be improved.

## Three jailed for forged scripts

Wide awake pharmacists who picked up forged prescriptions presented for dispensing have helped convict three thieves in the past fortnight.

A 34 year-old man who admitted stealing a prescription and using it to attempt to obtain drugs was given a two-month suspended prison sentence, concurrent on all charges, when he appeared at Thames Magistrates Court on Friday.

Anthony Hosein, of Stepney, used a stolen prescription form to try and obtain phentermane, an anti-depressant drug, from a Poplar chemist on April 23, the

court heard.

Crown prosecutor Miss Lorraine Webb said police were called to Nash chemist shop, Commercial Road, when the pharmacist, Mr Rasheed Agoro, became suspicious of the prescription.

And two men were jailed recently by Makerfield magistrates after trying to obtain drugs at two Wigan pharmacies with stolen prescriptions. John Lowe and David Wilson, both of Higher Ince, were jailed for nine months after admitting to the burglary of a surgery on Lord Street, Ashton.

Magistrates were told how the culprits were trapped when they tried to pass some of the script forms they had stolen at alert chemists in the town.

The Public Health Laboratory Service will have a budget of £39.5m for 1987-88, up £4.8m on last year.

## Essex LPC stands firm on drug testing request

Essex Local Pharmaceutical Committee is sticking to its line that contractors will only agree to a revised drug testing scheme if dispensing doctors are included.

Last week FPC administrator Graham Butland asked the LPC to reconsider its earlier decision, as cash limits meant that savings had to be made (C&D, p1018). Mr Butland estimates that the new DTS, dropping the need for analysis of visually identifiable products, would save £5,000, the annual cost of an FPC clerical officer.

But LPC secretary Miall James told C&D after the LPC meeting this week: "My instructions are to convey our sympathies to the FPC about the position in which they find themselves, and to say that we are prepared to agree to the revised scheme if it is to be applicable to all Part 2 NHS dispensing."

The FPC was due to meet this Friday. "So now it's up to the rural doctors," Mr James said.

Essex is one of only five FPCs where the revised scheme has yet to be implemented.

## Euro-award for non-animal work

The European pharmaceutical industry is to give a 25,000 Swiss Francs award (around £10,000) for research into ways of reducing the need to use animals in scientific experimentation.

The award, being offered by the European Federation of Pharmaceutical Industries' Associations, will be made in May 1988. The search is now on for "an outstanding contribution towards the development of reliable tests which replace or reduce the use of animals in scientific research".

It is a specifically European award. Entries will be accepted from individual researchers or groups for research conducted under the auspices of an institution in any of the sixteen European countries represented in EFPIA.

The Award was conceived as a "concrete gesture of support from the European pharmaceutical industry for the work of academics". Details from the Director General, EFPIA, 250 Avenue Louise, Box 91, Brussels 1050.



## Wrong treatment for nappy rash

**Some 75 per cent of nappy rash cases are wrongly attributed to too few nappy changes and mistreated as a consequence.**

The more frequent cause is candida infection Dr Herbert Barrie, paediatrician at a South London private hospital, told pharmacists at a seminar at Janssen's Belgium headquarters, last week.

Nappy rash affects some 10 per cent of all babies borne in the UK. That's about 50,000 infants each year, Dr Barrie calculated. It is frequently mistakenly attributed to ammonia from the breakdown of urea in a wet nappy, Dr Barrie said. But the cause is more often fungal.

A candidal rash appears as pinpoint papules spreading up to the genito-urinary region. In contrast, ammonia produces a caustic effect and skin exposed to it looks burnt and vesicular blisters are visible, Dr Barrie said.

Often nappy rash is misdiagnosed and zinc and castor oil applied. Nothing could be worse, Dr Barrie said; candida thrives on castor oil. However, correctly treated with a suitable antifungal, a candidal rash will clear in a few days, he said.

Nappy rash caused by candidal infection can arise from the fungus being ingested, probably from a mother's breast. Evidence for this comes from some babies who suffer from oral thrush and then from



napkin rash. The fungus presumably passes through the baby's gut.

Oral thrush is characterised by yellow-white creamy lesions that resemble milk curds but are dirty looking in comparison and do not easily wipe off. In cases of oral thrush in suckling children the mothers' breasts should also be treated.

Dr Barrie thought it would be a good idea to present a product such as Janssen's soon-to-be launched Daktarin oral gel as a pack of two tubes — one for treating the child and one for the mother. Dr Barrie suggested the gel should be put on the mother's breast before feeding and applied to the child's lesions after feeding.

were not part of the agreement in the package deal offered by the Department. "Independent pharmacies which changed hands after the qualifying date of May 23, 1985, and have since dropped below 16,000 scripts per annum are not eligible for compensation.

"What would happen to those disadvantaged closed pharmacies if contractors do not wish to contribute to the voluntary £200 per pharmacy as suggested by PSNC?" Mr Tanna asks (last week, p983). He suggests the PSNC should go back to the DHSS and request that all pharmacies be compensated if the premises were on the Register on May 23, 1985 and the number of scripts has fallen below 16,000 a year.

PSNC assistant secretary Steve Axon says the Committee has already taken up the matter with the Department. He points out that a company, in law, is treated as a person, and that this particular point has been raised during negotiations. The Regulations refer to the contractor being in business, rather than a company or sole trader.

## PGC agrees to Scottish survey

**Ian Mullen, chairman, Pharmaceutical General Council, has agreed to canvas Scottish contractors about their level of support for essential pharmacies.**

Giving this undertaking in Renfrew on Tuesday, he stressed contractors had already increased their financial contribution three fold under the new contract. The meeting with PGC was called at the request of Mr Eric Reid, Balloch, and others concerned about their futures as essential pharmacy contractors.

## OTC curb wanted

**Curbs on the sale of sympathomimetics may help to prevent the development of abuse of such drugs in the UK, according to a psychiatrist from Addenbrooke's Hospital in Cambridge.**

In an editorial in the *British Medical Journal*, Andrew Whitehouse, clinical lecturer in the University Department of Psychiatry, says that abuse of OTC sympathomimetics is a major problem in the United States and, like solvent abuse, may cross the Atlantic. He points out that drugs like ephedrine, pseudoephedrine and phenylpropanolamine are like methylphenidate, diethylpropion and phenmetrazine in causing paranoid psychoses through abuse.

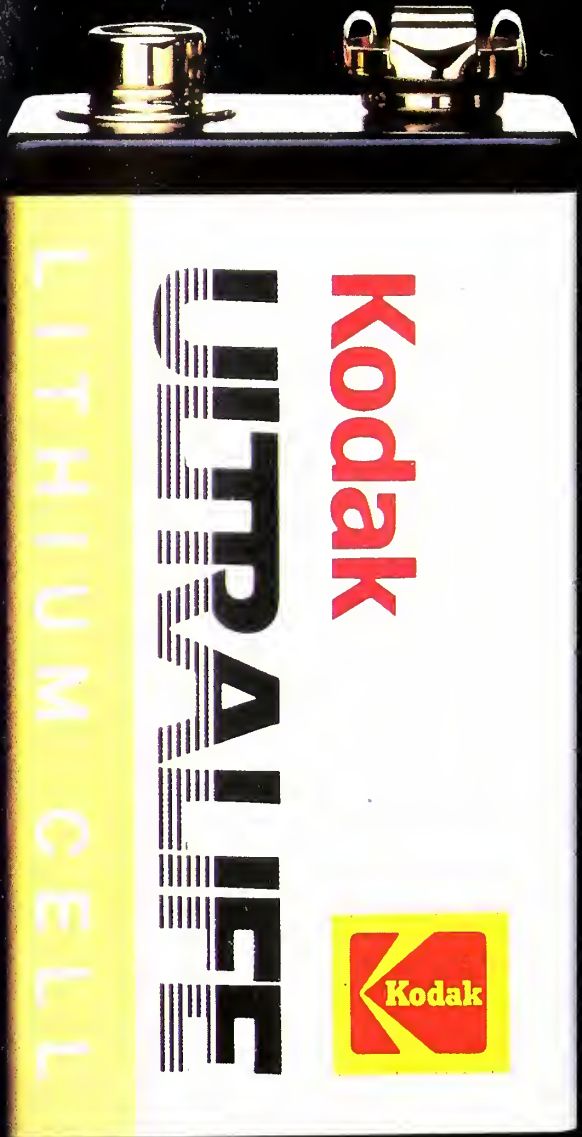
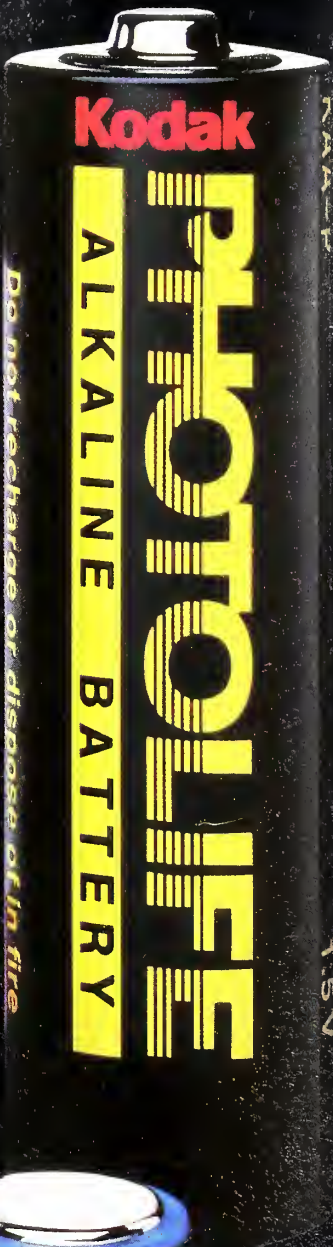
## Compensation: more eligible?

**Corporately-owned pharmacies which change hands after the compensation qualifying date in the new contract and subsequently suffer a dramatic script loss could be eligible for compensation by the DHSS, claims Pharmaceutical Society Council member Ashwin Tanna (last week, p982).**

In a letter to the Pharmaceutical Services Negotiating Committee he says: "Only corporately-owned pharmacies shall be eligible for the compensation on the grounds that on the transfer of the ownership of a corporate body, the name of the business remains the same, enabling the continuity of NHS contract between the contractor and FPC. No such continuity exists for the proprietor-owned business where the title of the business changes on transfer.

"As far as I can remember these details







Kodak  
XTRALIFE  
ULTRALIFE

Le pas rechargeur ou jeter au feu  
Nicht aufladen oder ins Feuer werfen



## POWER THAT LASTS FOR PROFIT THAT GROWS

Kodak introduces three new brands of batteries that give your customers long-lasting power.

And they give you ever-increasing sales.

Kodak Photolife alkaline batteries. For up to 10% better performance than standard alkaline products when used in camera flash equipment.

And Kodak Photolife photo/electronic cells. Sixteen button and micro cells that cover all the most requested formats for specialist use.

Joining this brand to give you big sales from small spaces are two others. Kodak Xtralife alkaline batteries, specially designed for modern high-drain equipment that demands concentrated power output. And, coming soon, the Kodak Ultralife advanced lithium power cell.

With T.V. advertising and a promotional programme designed to add still more to their power, these three new brands demonstrate the commitment of Kodak batteries to an ever-more-profitable market.

For consumers, they provide power that lasts. And lasts.

For you, they offer profit that grows. And grows.

Kodak, Photolife, Xtralife and Ultralife are trade marks.

# BATTERIES

POWER THAT LASTS • AND LASTS



## CSM rejects monitoring idea

The Committee on Safety of Medicines has rejected an ABPI suggestion for a triplicate adverse reaction reporting card.

CSM chairman William Asscher says that the system has to be seen to be independent of the industry whose products it is monitoring. "The Committee has concluded that it would not be right for it to operate the yellow card system jointly with the pharmaceutical industry, as

would inevitably appear to be the case under arrangements in which the clinician sent one copy of the card to the CSM and another to the Association of the British Pharmaceutical Industry," Professor Asscher says in a letter to the *British Medical Journal*.

He offers the industry talks on possible improvements to the existing scheme, "provided they are compatible with the independence and integrity" of the yellow card system.

And he points out that CSM already shares substantial amounts of information anonymously with pharmaceutical companies.

## More PL(PI)s

The following PL(PI)s have been notified to us since the June 28, 1987 supplement.

### Aeropax (International) Ltd (trading as Stephar BV)

PL/4259/0210	Halcion 0.25mg	Triazolam 0.25mg
PL/4259/0206	Vermox suspension	Mebendazole 100mg per 5ml

### API (Suppliers) Ltd

PL/5848/0319	Opticrom eyedrops	Sodium cromoglycate 20mg, disodium edetate BP 0.1mg, benzalkonium chloride BP 0.1mg, water purified BP ad 1.0ml
--------------	-------------------	---

### De-Louis Medical

PL/6735/0017	Feldene 20mg capsules	Piroxicam 20mg
PL/6735/0022	Indocid Retard 75mg	Indomethacin BP 75mg
PL/6735/0028	Voltaren Retard 100mg	Diclofenac sodium 100mg

### Discount Pharmaceuticals Ltd

PL/8223/0045	Adalat 5	Nifedipine 5mg
PL/8223/0011	Aldomet 250mg tablets	Methyldopa 250mg = anhydrous methyldopa 250mg
PL/8223/0010	Aldomet 500mg tablets	Methyldopa 500mg = anhydrous methyldopa 500mg
PL/8223/0009	Capoten 25mg tablets	Captopril 25mg
PL/8223/0032	Capoten 50mg tablets	Captopril 50mg
PL/8223/0020	Feldene 20 capsules	Piroxicam 20mg
PL/8223/0018	Halcion 0.25mg tablets	Triazolam 0.25mg
PL/8223/0005	Ventolin inhaler	Salbutamol BP 20mg
PL/8223/0046	Voltaren Retard	Diclofenac sodium 100mg
PL/8223/0042	Zantac 150mg tablets	Ranitidine hydrochloride 150mg = 150mg base

### Eurimpharm Ltd

PL/6679/0038	Imuran 50mg tablets	Azathioprine BP 50mg
--------------	---------------------	----------------------

### IMG (Wholesale) Ltd

PL/6926/0017	Liorexal 10mg tablets	Baclofen 10mg
PL/6926/0011	Tegretol 200mg	Carbamazepine BP 200mg

### Interport Ltd

PL/6176/0099	Clomid	Clomiphene citrate 50mg
PL/6176/0005	Cordarone 200mg	Amiodarone hydrochloride 200mg

### Martonland Ltd (trading as Martons Pharmaceuticals)

PL/5571/0105	Clamoxyl 500mg	Amoxycillin trihydrate equivalent to amoxycillin 500mg
PL/5571/0142	Minipress 1mg	Prazosin hydrochloride 1.095mg (= prazosin 1mg)
PL/5571/0008	Tryptizol 75mg	Amitriptyline hydrochloride 75mg

### Munro Wholesale Medical Supplies Ltd

PL/3243/0118	Primolut N	Norethisterone 5mg
PL/3243/0137	Voltarol 25mg tablets	Diclofenac sodium 25mg

### Pharmaceuticals International (UK) Ltd

PL/5351/0069	Feldene 20 capsules	Piroxicam 20mg
PL/5351/0074	Kemadrin 5mg tablets	Procyclidine hydrochloride 5mg
PL/5351/0075	Sinemet 100 tablets	Levodopa 100mg, carbidopa 10mg (as carbidopa monohydrate)

### M.K. Shah Pharmacy

PL/5036/0030	Clamoxyl 250mg capsules	Amoxycillin trihydrate BP equivalent to amoxycillin 250mg
--------------	-------------------------	---

### Spectrum Marketing

PL/3787/0057	Feldene 20mg capsules	Piroxicam 20mg
--------------	-----------------------	----------------

### Whitworth Pharmaceuticals

PL/4423/0150	Ultraproct suppositories	Fluocortolone privalate 0.612mg, fluocortolone hexanoate 0.63mg, cinchocaine hydrochloride 1mg, clemizole undecylate 5mg
PL/4423/0155	Zaditen 1mg	Ketotifen hydrogen fumarate 1.380mg = 1mg base

## NPA advises on hayfever

Pharmacists may be receiving more inquiries about hayfever as a result of the National Pharmaceutical Association's latest Press release.

The release, sent to all local newspapers and local radio stations, says that doctors are no longer recommending desensitising injections because of possible side effects and advises patients to ask their pharmacists or doctors to recommend one of the new antihistamines which do not cause drowsiness. "Your pharmacist will also advise on use of decongestants, nose drops and nasal sprays," the release adds, "together with these common sense preventive measures during the hay fever season: keep all windows in house and car closed, even at night; avoid long grass, so no walks in the countryside; wear sunglasses in bright sun and pray for rain because that washes the pollen out of the air."

## Press discovers eternal youth?

Scientists have discovered a compound shown in laboratory tests to delay the ageing of human skin, according to Press reports.

The compound is an extract of a natural material, not skin, discovered by chance by a team sponsored by a British company, Senetek, at Denmark's University of Aarhus. It enables skin cells to continue making the proteins essential for youthful appearance and function, but does not increase the cells' longevity.

Safety tests are soon to start on animals, to be followed by clinical trials if no toxic effects emerge, but a cosmetic product is unlikely to reach the market for about five years, the reports say.

## Cold device on trial

Trials are being carried out on a device which may be beneficial in colds.

Virotherm is a battery-driven box, worn like a face mask, which allows the sufferer to inhale hot, damp air. According to this week's *Mail on Sunday*, preliminary tests showed a reduction in cold symptoms and the inventor, Alan Beacham, hopes to market the device later this year. Further trials are continuing.

Chemist & Druggist 30 May 1987



By Xrayser

## 'No difference in brands' says ST

An article in the *Sunday Times* magazine this week explained that there was little or no difference between different brands of analgesics containing the same active ingredients.

"Medically speaking, you get exactly the same deal by buying the unbranded BP product at up to one-tenth of the price of branded products," writes John Diamond. "There is only so much aspirin the makers can recommend you ingest: whether the pack is labelled "extra strength" is beside the point."

Claims that one aspirin tablet will do what another one won't are optimistic, he says, and choosing between the various formulations is a matter of personal choice. A table lists comparative prices.

The author goes on to question why Winthrop Laboratories had done nothing to promote Pameton which contains paracetamol and methionine as a protection in overdose. "You'd think it would be the sort of thing that an industry which spends millions on advertising would crow loudly about," he says. "Not one of the half dozen pharmacists we tried recently had it in stock." He adds that "any pharmacists will order it for you on request, at £4.80 for a box of 60 tablets."

A spokesman for Winthrop told *C&D* the company had no plans to change its policy of promoting Pameton to doctors but not to the general public. The product was intended mainly for use in psychiatric patients and others in whom there was a risk of self-poisoning.

## OROS to make a comeback?

The OROS drug delivery system, last seen in Osmosin, could soon be back on pharmacist's shelves, this time carrying 4mg or 8mg salbutamol for asthma.

Volmax, from Glaxo, is currently undergoing clinical trials in the UK. The OROS system has the drug contained in an osmotic core with a semi-permeable membrane. A laser-pierced hole in the inert shell allows the drug solution to escape at a steady rate.

Volmax is expected to be of particular benefit for nocturnal dosing, avoiding the "tail off" of existing slow release salbutamol preparations. Glaxo point out that Salbutamol, used orally for many years, has no record of gut irritation.

## Comment on 'Comment' . . .

There is a warm feeling of well being in the upper echelons of pharmacy if we are to believe Dr Booth of Pharmaceutical Society in his report to the branch reps meeting last week. His list of good things which have happened to us, or are about to, marks the wider recognition of the service which our profession has long given the community. To my mind this is solely the result of the campaign set rolling by the National Pharmaceutical Association. Without it we would still be hiding, heads in sand, hoping for the best . . . This having been said however, I think publicity, its means and its targets, should be re-examined and put onto a far more professionally orientated course.

Now we have a recognisable corporate identity, it's time we abandoned the "snotty nose" image of the last series of advertisements and developed a public awareness of what it can mean to have a qualified pharmacist available, not only to advise, but able to supply modern effective remedies, as opposed to the old quack lines being flogged by all the grocers and stores in the land. We need to point out the quality of safeguard we represent to users of drugs, prescribed or purchased, and to hammer home that we offer a valuable service — one too valuable to be ignored.

Whether this should still be the prerogative of the NPA which, as a commercial organisation, took the big breath of initiative, is a moot point. I always felt it ought to have been the Society's job, but with the exception of one moment of awakening excitement caused by a lady publicity officer, we got nothing from them. Still, since we are all pharmacists there is nothing wrong in the Society warming its hands in the reflected glow . . .

## . . . and integrity

Despite the rosy glow, the Editor of *C&D* made a point which should be thought on in depth. He said it was to be hoped debate at grass roots (*You and me!*) will be vigorous and well considered when it comes to deciding on proposals for a relaxation of supervision requirements.

Never mind about the enlightened views of our leaders, who may, for all I know, have big enough pharmacies to employ adequate qualified cover; in my business I can't. It is irksome to have to remain on site all day, but it has ensured

my presence in the pharmacy during opening hours.

Maybe some of you have been on service committees and witnessed the odd case where the pharmacist was not actually around when scripts were dispensed or given out? You know as well as I do that these cases reflect a greater degree of shortfall than the reported incident. I think we may accept them as uncommon, and nearly always indicating some deeper trouble or weakness which demands official remedy. But, once freed from the requirement of physical presence, there will inevitably develop a widening abuse of the opportunity for sweat shop dispensaries where the responsibility in law may only rest on the absentee pharmacist's shoulders.

If you have rural connections you will have seen some of the products from unsupervised dispensing practices. I care for my profession. I value its integrity. It is the very discipline we have imposed on us at present which has given us our unique cachet of respect. Without the care implicit in our continuous presence we become no different from any other supplying service, but connive at a situation where the safety of our patients, as well as our reputations, will be seriously at risk. We must be mad to even think of it.

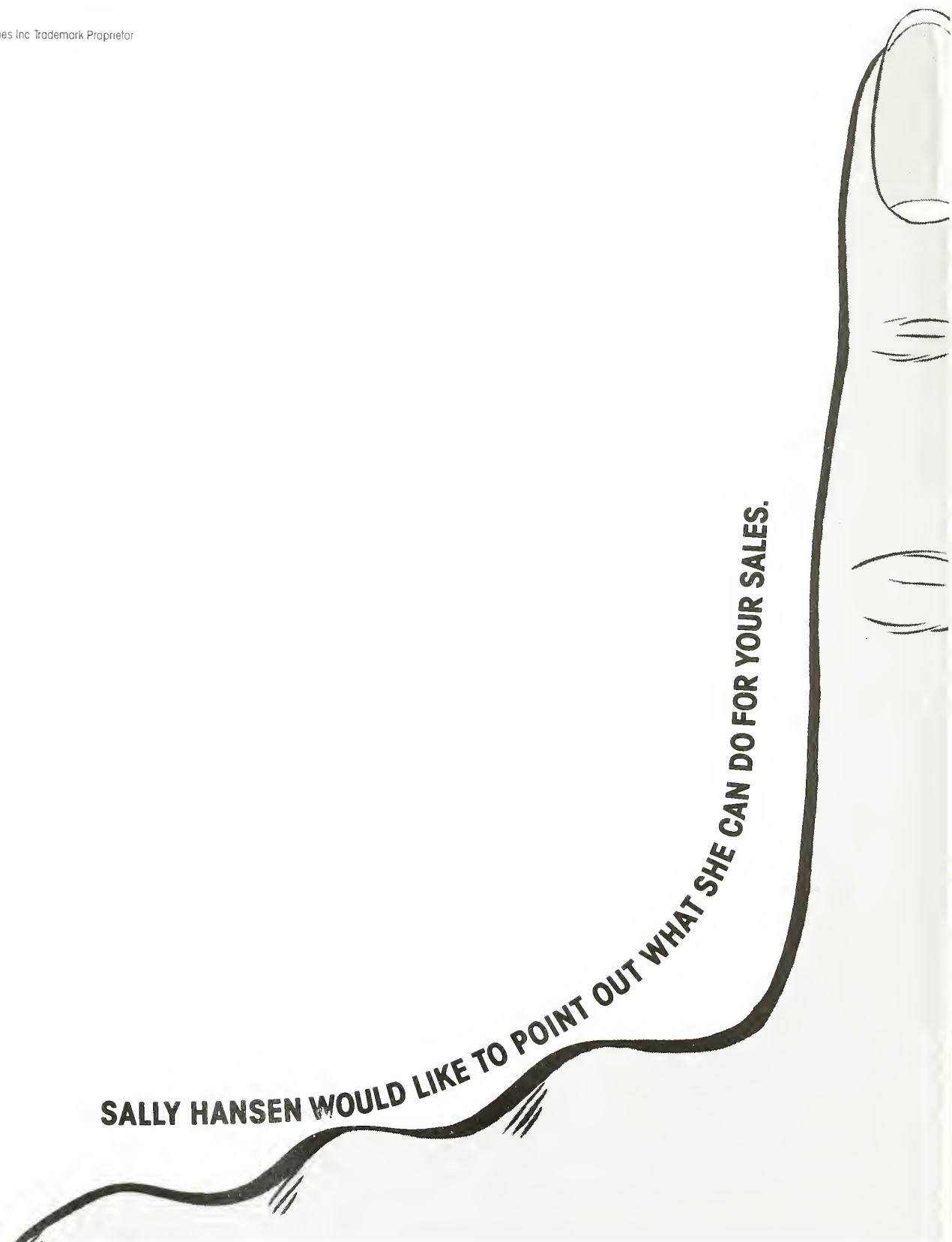
## . . . relaxation

One relaxation, only, I would like to see. When I go for lunch, I think my staff should be able to hand out prescriptions I have already dispensed and checked. Since, in some areas, we operate collection and delivery services, where the dispensed items are finally given to patients by local post offices or storekeepers, we ought to be able to do the same in our pharmacies. The items should be packed in sealed bags. Any warnings would naturally be included, and the seal could be a label with patient's name and address, with the pharmacist's signature below?

## Voluntary £200?

"Ouch", I thought! And I was in favour of this voluntary fund to compensate the pharmacists who could be squashed out of their business through no fault of their own? And then I looked at my wage bill, and concluded £4 a week for a year was peanuts. Even I can afford it. As a monthly deduction from my NHS cheque it's only £15. It will be tax deductible. I won't notice it. If the money comes in regularly it can be put on the money market and will generate interest, and might become like an endowment for the profession. It's got to have our support . . .





**SALLY HANSEN WOULD LIKE TO POINT OUT WHAT SHE CAN DO FOR YOUR SALES.**

The USA's No.1 nail company now offers you the biggest range (well, we did say we're American) of nail treatment products.

Being No.1 in the States we've learnt a thing or two about marketing and distribution. That's why we appointed Network.

And in the last 12 months our brandshare has

gone up by 400%, making Sally Hansen the fastest growing brand in the UK.

Network is launching new packaging, attractive display units and a four month £100,000 advertising campaign breaking in August. Call 01-560 1200 and you should have no problems getting money out of your customer's hands.

*Sally Hansen*® only from **NETWORK**



## Northern lights beckon for retail chemists

Manchester's G-MEX centre is the focus for Norchem '87 on June 14-15. Northern chemists descending upon the 90-plus exhibitors will find new products, promotions on existing lines, and competitions galore. Those pharmacists keen to get an AIDS update will be able to hear the personal views of Pharmaceutical Society Councillor Alan Nathan, as well as those of Bill Nellis of the Terence Higgins Trust (5.30pm, Monday). The Show opens on Sunday, June 14 at 10am with champagne for the first through the doors, and is rounded off with a complimentary buffet for visitors on the Monday night beginning at 6.30pm. The organisers say there is cheap parking nearby together with a creche to park children in the main hall. Opening hours are 10am-8pm Sunday and noon to 9pm Monday.

## Bubbly on offer

Bubbly is on offer with orders on stand 10, where Doncaster Pharmaceuticals are launching their 10th anniversary celebrations. The company will be running special offers on a number of brand names, like Melolin, and the stand will also focus on a new range of galenicals, linctuses, liniments and creams, made by William Ransom. *Doncaster Pharmaceuticals Group, Kirk Sandall Industrial Estate, Doncaster.*

## Suba products

William Freeman will be launching new and redesigned products in the Suba-care range at stand 51. A new comforter (£0.31 and £0.35), will be on display along with the inflatable toilet seat. *William Freeman Co Ltd, Staincross, Barnsley.*

## Greeting . . .

Lownds Pateman are launching a range of toiletries on stand 42, including soaps, dishes and pomanders. *Lownds Pateman Ltd, Havelock Works, Havelock Road, St Marychurch, Torquay, Devon.*

## All American range

Solport are launching the All American range of sport supports on stand 58. *Solport Ltd, Portia House, Goring Street, Goring-on-Sea, Worthing, West Sussex.*



Evans will be using Norchem to launch their Summer advertising campaign for Mycil. The new advertisements will appear in the women's Press throughout the Summer. Evans will also be offering a special "Summer parcel" with new POS and details of a new window display competition from stand 9. *Evans Medical Ltd, 318 High Street North, Dunstable.*

## Sign of the times

"Signpost" takes on a new meaning in the scheme planned by Opto Signs stand 64. They hope to make the illuminated messages available by post soon. *Opto Signs Ltd, 43 Brunel Road, London W3.*

## Toothy grins

The Denti-fountain toothbrush comes from P.F. Trading (stand 154): toothbrush with a cleaning agent and dentifrice in a replaceable handle. *PF Trading, 1 Coniston House, Town Centre, Washington, Tyne & Wear.*



## Vitability from Vitas Health

Vitas Health Products will be using Norchem to launch a range of vitamin, mineral and food supplements.

A range of effervescent vitamin and mineral tablets is packed in tubes of 20. It includes vitamin C (lemon) 1,000mg (£1.95), vitamin C 200mg with pollen 250mg (£2.20), multivitamin (£2.20), multivitamin plus ginseng 250mg pure root (£2.65) and selenium 50 mg with vitamins A, B and E (£2.35).

A range of liquid capsules includes evening primrose oil 500mg (50 £5.75), garlic oil (natural) (50 £1.95), vitamin E 400mg (50 £2.95), royal jelly (50 £7.50), evening primrose oil 250mg and vitamin E 5iu (30 £2.20, 60 £3.95).

New Hemo-iron tablets are aimed at athletes and bodybuilders. Each tablet contains 350mg haemoglobin and 25mg ferrous fumarate (30 £1.65). Visitors will find Vitas on stand 112. *Vitas Health Products, Duke Street, Settle, North Yorks.*

## Scented shores

If you want to sample "the very essence of the Mediterranean shore", pay a visit to stand 151, where RDM are showing their new Mediterranean soaps. Also on show is Le Bain Natural range (£1.83 to £12.10); Yacht Man (£4.25 to £11.50); and L'Orgie (£6.70 to £22.70). *RDM Ltd, Bath Gardens, Bakewell, Derbyshire DE4 1BT.*

## Anti-AIDS

J&C Surgical are launching an AIDS barrier kit on Stand 28.

The kit costs £27.50 and contains two surgical barrier gowns, rubber examination gloves, gloves, PVC overshoes, surgical facemasks, aprons, paper hand towels, contamination bags and ties, dressing forceps, and one Laerdal mouth to mouth resuscitator. *J&C Surgical, 11 Buchanan Street, Dundee.*



## Feeding on the video

Norgine will be showing a new video on breast feeding on **stand 67**. The video is designed for showing by midwives at parent/craft classes and features Norgine's Kamillosan chamomile ointment for the relief of sore nipples and nappy rash.

Each order placed on the Norgine stand will qualify for a free entry in a raffle of a "Tall ships" painting. *Norgine Ltd, 116 London Road, Headington, Oxford OX3 9BA.*

## The Vestric link

Vestric's recently launched Link 2 pharmacy system will be on display on **stands 113 and 114**. The system, which joins Links 1 and 3, costs £950 to AAH customers. *Vestric Ltd, West Lane, Runcorn, Cheshire.*



## Flex-ible gel

Revlon are presenting Flex styling gel on **stand 76**. Available in firm and super firm control, it comes in a 250ml dispenser (£2.69). The gel will feature in a £650,000 television campaign in July and August, £100,000 advertising women's magazines campaign in September and November, and offers and on-pack promotions. *Revlon International Corporation, 86 Brook Street, London W1.*

## Having your cake . . .

Welfare Foods (Stockport) will be using **stand 110** to relaunch their Rite-Diet cherry cake and fruit cake for diabetics with a new formulation and new labels.

The company says the two cakes (£2.55) are now being made with fructose instead of sorbitol and have 50 per cent less rapidly absorbed carbohydrate than conventional cakes. *Welfare Foods (Stockport) Ltd, 63 London Road South, Poynton, Stockport SK12 1LA.*

## Skin deep

Jica products are launching Aclon cream (£5.95) and tonic (£4.95) skin treatment on **stand 111**. It is available in a POS unit containing four creams and three lotions, from *Jica Beauty Products Ltd, Molesey Trading Estate, East Molesey, Surrey.*

## COMPLIMENTS, COMPLIMENTS, COMPLIMENTS

**Yes! SMELLER stockists use it for themselves and recommend it to their customers with complete confidence.**

So many thanks to those of you who stock and use SMELLER.

For those of you who are not benefiting from SMELLER in any way, as yet . . . you ought to call or write for full details and free sample soonest. Better still, order a display outer NOW! SMELLER IS A WINNER FOR YOU AND YOUR CUSTOMERS.

Display outer as illustrated contains 50 x 2ml Blisterpacked phials. RRSP .85p (POR 33%) Cost fully inclusive of VAT and delivery — £28.75p per outer.

**See you at  
Norchem  
14/15 June  
Stand 154**



**P. F. TRADING**

1 Coniston House, Town Centre, Washington, Tyne & Wear, NE38 7RN. Telephone: 091 4150356

## Raffles on the stand

A free raffle will be taking place at **stand 69**, where Alliance Valuers are exhibiting. The first prize is £100 off the firm's stocktaking fees; £50 off to the runner up and £25 off for the third and fourth prizes. *Alliance Valuers, 107 Pannal Ash Road, Harrogate HG2 9AL.*

## Hair today, gone . . .

Oris Beauty Products will be showing a new hair removing product at **stand 2**. *Oris Beauty Products, 102 Brantwood Road, Tottenham, London.*

## Sounding the personal album

Top Line **stand 47** are giving out free personal alarms to customers ordering at the show. Their new personal alarms, "Walk Easy", will be targeted at pharmacists. *Top Line International, Top Line House, Bartlow Road, Linton, Cambridge CB1 6LY.*

## Extending their range of vision

Coopervision will be showing their range of preservative and enzyme-free contact lens solutions on **stand 74**. The company has received extended licences and can recommend the range as suitable for all contact lenses. A promotional campaign will be based on a dinosaur theme. *Coopervision Ltd, Permalens House, 1 Botley Road, Hedge End, Southampton SO3 3HB.*

Chemist & Druggist 30 May 1987



# THE NEW FORCE IN THE PHARMACY



## LEDERLE LABORATORIES DISPENSING QUALITY IN GENERIC MEDICINES

Lederle Laboratories are pleased to announce the formation of its Pharmacy Division – a new force in the pharmacy.

The Lederle Pharmacy Division is committed to meeting the needs of pharmacists for professional standards of quality and service.

Your Lederle Representative will be visiting you shortly to explain in more detail the exciting benefits of this new service to pharmacists.

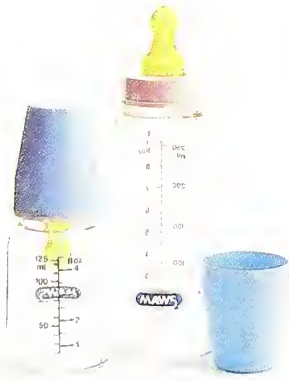


PHARMACY  
DIVISION

Tel: 0329 224 217

Further information is available on request to the company: Lederle Laboratories, a division of Cyanamid of Great Britain Limited, Fareham Road, Gosport, Hants. PO13 0AS.





Wider necks for easier cleaning.



Dinky Feeder. For small drinks of water and fruit juice.



Trainer Cup. No chance of spilling with its screw on safety cap.



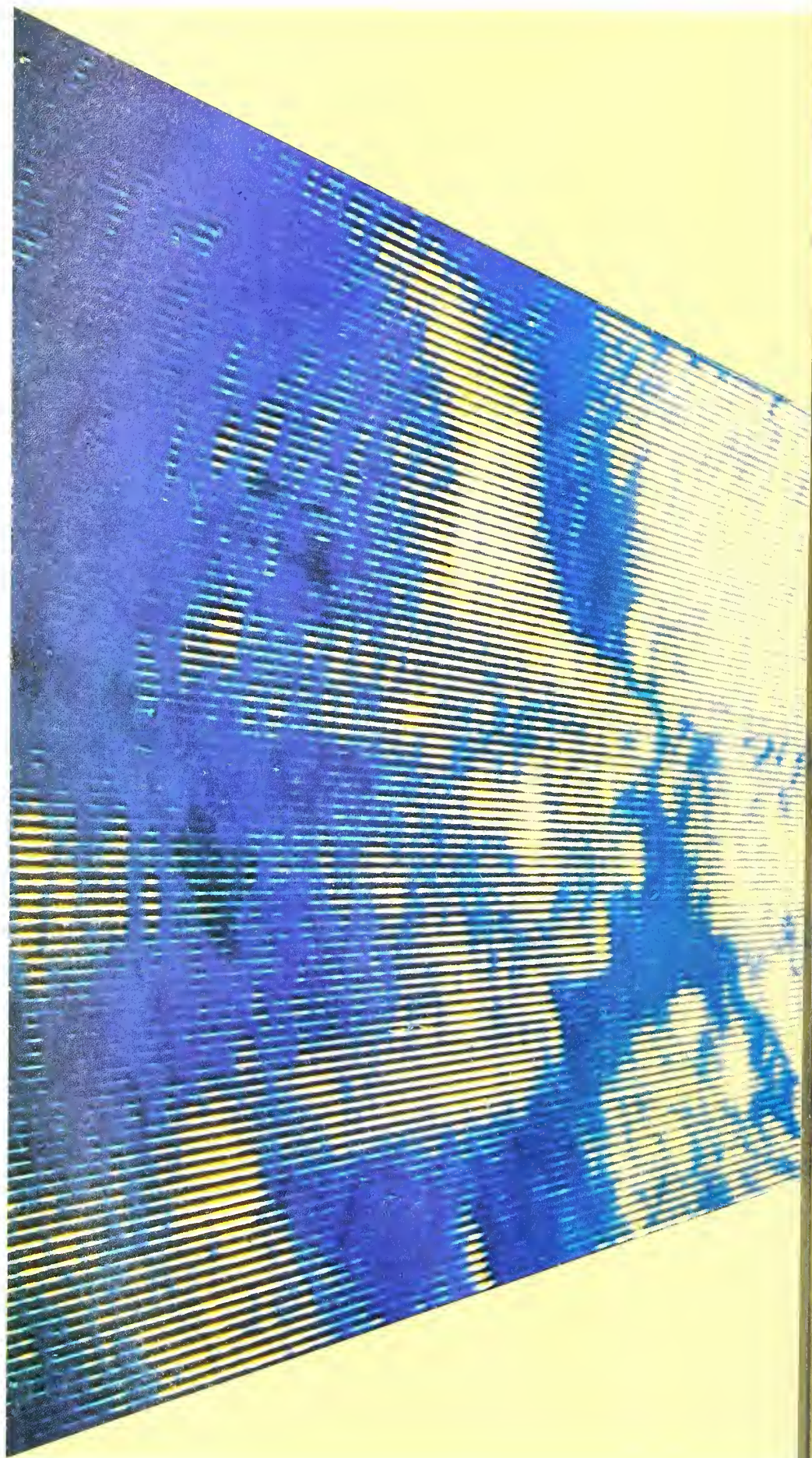
Soft natural Latex. Small, medium and large hole.



Universal. Fits most types of feeding bottles.



Natural shape. As close to breastfeeding as possible.



Weighing in at 500,000 pounds, it's sure to make quite a noise in the Mother and Baby world. And because the range is the widest, most popular around, you only need stock one



# Maws announce the birth of their new advertising campaign.



Silicone. Clear, soft and durable.



Resolve. An air valve to make feeding easier.



The complete sterilising and feeding set.



Sterilising tablets.  
Safe, effective and convenient.



Breast Pump. The convenient and easy way to express milk.



Breast pads and nipple shields.

brand. Ours. The one that's already been tried, tested and approved by millions of satisfied mums. And their babies.



FIRST FOR FEEDING



## Parlodel starter pack

Sandoz are launching a Parlodel starter pack from the beginning of June. The pack contains only 1mg and 2.5mg tablets, packed in four bottles containing a week's supply in each, and providing an increasing dose schedule up to 2.5mg bromocriptine three times a day.

Indication is for Parkinson's disease only.

**Manufacturer** Sandoz Pharmaceuticals, 98 The Centre, Feltham, Middx

**Description** Outer carton containing four bottles in pull out tray and patient information leaflet, each bottle containing tablets for one week of treatment. The bottle for week one has a white top and label and contains seven 1mg tablets; that for week two has a yellow top and label and contains seven 2.5mg tablets; that for week three has a blue top and label and contains 14 2.5mg tablets; and that for week four has a red top and label and contains 21 2.5mg tablets

**Indications** Initiation of treatment for Parkinson's disease

**Dose** First week, one 1mg tablet at night; second week, one 2.5mg tablet at night; third week one 2.5mg tablet twice a day; and fourth week, one 2.5mg tablet three times a day. Tablets to be taken with food

**Warnings, side effects etc** As for Parlodel Data Sheet

**Supply restrictions** Prescription only

**Packs** As described (£13 trade)

**Issued** May 1987

## Opticrom 13.5ml

Fisons are launching a 13.5ml presentation of Opticrom eye drops on June 1, to complement the 10ml size already

available. The new pack has a trade price of £5.59. *Fisons plc Pharmaceutical Division, 12 Derby Road, Loughborough, Leics LE11 0BB.*

## Maalox TC tabs and suspension

Rorer Pharmaceuticals are introducing Maalox TC tablets and suspension. The formula — 600mg aluminium hydroxide and 300mg magnesium hydroxide per tablet and per 5ml — is the same as that of the blacklisted Maalox concentrate, but Maalox TC is prescribable. The product is indicated for the reduction of relapse following duodenal ulcer.

Maalox TC tabs are packed in 100s and the suspension in 500ml bottles (both £3.60 trade). *Rorer Pharmaceuticals Ltd, St Leonards House, St Leonards Road, Eastbourne, East Sussex BN21 3YG.*

## Erythrocin Acne pack

Abbott Laboratories are adding an Erythrocin Acne Pack to their Erythrocin range. The calendar pack contains 56 erythromycin stearate 50mg tablets, blister-packed as four by 14 (£12.54 trade), providing one month's treatment on a 500mg twice a day dosage. *Abbott Laboratories Ltd, Queenborough, Kent ME11 5EL.*

**Cox 1mg lorazepam tablets** are now blue, capsule-shaped, biconvex, uncoated tablets. Markings are "Cox" on one face and "LC" on the other, with the letters divided by a breakline. The 2.5mg lorazepam tablets are now yellow, capsule-

shaped, biconvex, uncoated tablets. Markings are "Cox" on one face and "LD" on the other, divided again by a breakline. List prices are unchanged. *Cox Pharmaceuticals, Arthur H. Cox & Co Ltd, Whidden Valley, Barnstaple, Devon EX32 8NS.*

**Packs of Berk Generics Division** ibuprofen will now also bear the brand name Lidifen, in line with the company's policy of branding its generics, say *Rorer Pharmaceuticals Ltd, St Leonards House, St Leonards Road, Eastbourne, East Sussex BN21 3YG.*

**Riker will be discontinuing** Rauwiloid tablets and Durophet capsules 7.5mg and 12.5mg due to declining demand when stocks are exhausted. *Riker Laboratories, Morley Street, Loughborough, Leics LE11 1EP.*

**Piptal tablets** (pipenzolate bromide 5mg) have been redesigned. The new tablet now available is generally similar in appearance to the old one but smaller (diameter 6.4mm) and with a single score-line on one face. *MCP Pharmaceuticals Ltd, Simpson Parkway, Kirkton Campus, Livingston, West Lothian, Scotland.*

**Boots say** stocks of Secretin are now exhausted and raw materials have failed to meet quality control standards, so they are discontinuing the product. Pancreozymin will be discontinued following stock exhaustion, anticipated in August. *The Boots Company plc, Thane Road, Nottingham NE2 3AA.*

**Broflex syrup** (benzhexol 5mg in 5ml) is now available in a 200ml pack (£2.25), as is **Biorphen syrup** (orphenadrine 25mg in 5ml) (£2.50 both prices trade). Litre bottles of both are also available from *Bio-Medical Services Ltd, 10 East Parade, York YO3 7YL.*

Phar.ma.ceu.ti.cul, a.

Pertaining to the knowledge or art of pharmacy.

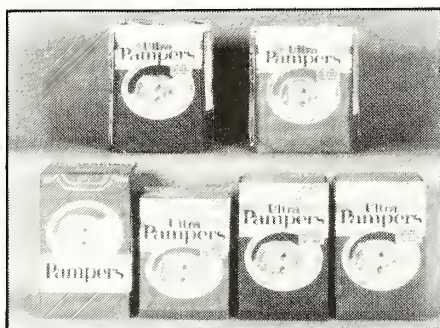
Pharmaceutical Packaging Leeds. An old established company in Leeds supplying computer labels, plain labels, cartons and bags to Great Britain's chemists and pharmacies.

**Pharmaceutical  
Packaging  
Leeds**

Kirkstall Hill  
P O Box 140, Leeds LS1 1QE  
Telephone (0532) 752653  
Telex 55248



## COUNTERPOINTS



### Ultra Pampers the first national super-absorbent

Procter & Gamble have announced the first national launch of a super absorbent nappy with Ultra Pampers, a fully shaped disposable, from the end of June.

The company says Ultra Pampers are more absorbent, leak less and offer a trimmer fit than other disposables. The super-absorbent technology keeps babies' skin drier and helps to avoid conditions which lead to nappy rash, say P&G.

The absorbency is provided by a new core in which the super absorbent material combines with urine to form a gel which is retained in a core. The nappy can retain several times its weight of urine, say P&G. The new new core is also concentrated to absorb the extra wetness without extra bulk, so Ultra Pampers are trimmer fitting.

Other features include the same double leg elastics and blue waist shield as current Pampers, with refastenable tapes that allow the nappy to be readjusted or checked for wetness, say P&G.

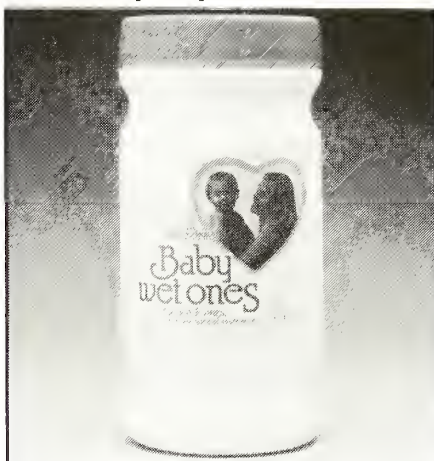
Among benefits for the trade, say P&G, are space saving, with selling units taking up to 30 per cent less space than current packs.

Ultra Pampers will be available initially in three sizes. They are; super (weight range 9 to 22lbs) in carry cartons of 52 nappies; maxi (20 to 40lbs) in carry cartons of 44 and value packs of 88; and



maxi plus (22 to 45 pounds) in carry cartons of 40 and value packs of 45. P&G expect initial shelf prices of around £6.99 for a carry carton and £13.49 for a value pack of any size. Current Pampers mini will continue to be available in 78s only; current mini 26s, normal 60s, super 18s and 108s and maxi 24s will be withdrawn.

P&G promise national television advertising to support the launch. *Procter & Gamble Ltd, PO Box 1EE, Gosforth, Newcastle-upon-Tyne NE99 1EE.*



New packaging for Baby Wet Ones reflects a softer, caring tone for the brand, and a re-positioning as "the most caring baby wipe for baby's skin," say *Sterling Health, 1 Onslow Street, Guildford, Surrey GU1 4YS*



### Grape news for babies

Robinsons are launching C Berry, a concentrated fruit juice drink for babies, to complement their range of pure baby juices and soft drinks. C Berry can be made up for small servings with the remainder being safely saved, the company says. It is available in two varieties: grape, blackcurrant and blackberry; and grape, raspberry and redcurrant (250ml £0.89).

The company says C Berry contains no added sugar and is high in vitamin C with the recommended serving supplying the daily minimum amount. It is free from artificial colours, flavours and sweeteners, and low in acidity. Nutritional analysis appears on the label. It is packaged in a miniature barley water style bottle, with the Robinsons soft drinks logo, and a tamper proof safety seal.

And the company are advertising their pure baby juices on television for the first time. The TV-am campaign runs until August 11 as part of a £2½m national programme.

The 40-second commercial, entitled "Sarah", aimed at mothers of babies aged 0-6 months, features Robinsons friendly hedgehog character Spikey playing with blonde baby Sarah and her mother. *Colmans of Norwich, Carrow, Norwich NR1 2DD.*

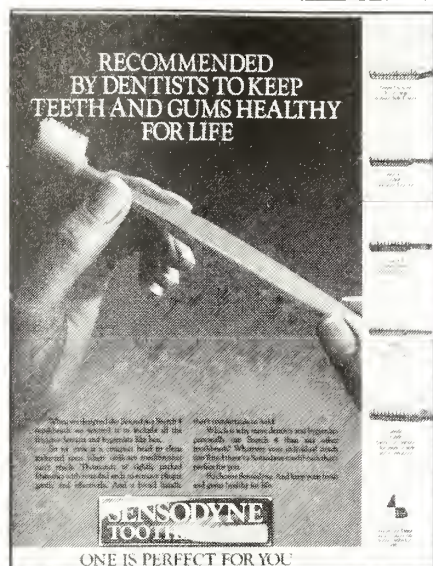
**PPL. pee.pee.el. n.**  
The new name for Pharmaceutical Packaging Leeds.  
New logo, new style. Same superb service in  
labels, bags and cartons - looking to the 80's  
to provide more care, more innovation.

**PPL**

Kirkstall Hill  
P.O. Box 140, Leeds LS1 1QE  
Telephone: (0532) 752653  
Telex: 55248







## Sensodyne on TV

Stafford-Miller are investing a record £2.4 million in advertising and promoting Sensodyne toothbrushes in 1987.

A nationwide television campaign in July and August uses a mix of 30 and 10 second commercials, the former explaining how Sensodyne Search differs from other toothbrushes.

Press advertising runs through to September in women's magazines. The combined spend on national Press and television is £1.4 million, backed by a £0.5 million investment in below the line promotion.

Stafford-Miller say "dental recommendation is the single most important factor influencing toothbrush selection," so there will be advertising in major dental journals, mailing and visits to all dentists.

There is also a £2.7 million campaign for Sensodyne toothpaste this year say *Stafford-Miller Ltd, The Common, Hatfield, Herts AL10 0NZ*.

## Im-pressive oil?

Granose Foods have introduced a natural, unrefined, cold pressed Sunflower Oil.

The oil is high in polyunsaturates and low in saturates and cholesterol, and contains no artificial additives or chemicals, they say, and is supplied in a 1 litre plastic bottle (£2.22). Packed in cases of six, the oil has a 12 month shelf life. *Granose Foods Ltd, Stanborough Park, Watford, Herts WD2 6JR*.

## Fibre solution

Itona Products Ltd have responded to the growing awareness of the value of soluble fibre by introducing Granny Ann high oat biscuits (150g, £0.60).

The biscuits provide 1.4g of dietary fibre per 100g (0.175g per biscuit). *Itona*

say they have developed a process which allows concentrated oat extract to be added, increasing the efficacy of the fibre and adding a pleasant flavour.

The biscuits are suitable for vegetarians and vegans. There is no added sugar. *Itona Products Ltd, Itona Works, Leyland Mill Lane, Wigan, Lancs*.

## Toothy tale

Jordan are embarking on a dental education campaign, aimed at dentists and dental hygienists.

Jordan dental products are being featured in a range of colourful 'fifties style' posters, currently being mailed to every dental surgery in the country. *Alberto-Culver Co, Houndsmith Industrial Estate, Telford Road, Basingstoke, Hants*.

## New C-vit

Beecham Bovril Brands are relaunching C-vit with new flavours, a new formulation and £1.5m of advertising support.

With increasing consumer awareness of the benefits of healthy eating and drinking in mind, Beecham have reformulated the blackcurrant drink and produced a new range which offers a multi-vitamin drink in three flavours.



The new C-vit range contains vitamins C, B<sub>1</sub>, D and B<sub>6</sub>, niacin, folic acid and calcium. It is available in the blackcurrant variant and orange and lemon barley.

The brand will be advertised on television for the first time this Summer with a £1.5m nationwide campaign starting in July for a two-month burst.

The full range will sell in 600ml bottles (£0.89) with the blackcurrant variant also available in 1 litre and 2 litre bottles (£1.39 and £2.59). *Beecham Bovril Brands, Beecham House, Great West Road, Brentford, Middx TW8 9BD*.

## Tommee Tippee revamp with the panda touch

Jackel are relaunching the Tommee Tippee range with a new corporate identity and packaging featuring a mother and baby panda.

A baby's abacus underlines the Tommee Tippee name on-pack and is designed to illustrate the aim of encouraging young children to learn "for a better start in life", say Jackel.

The range consists of 38 products, all specifically designed for children up to the age of four. The benefits of the individual items are printed on the packs, which have illustrations of pandas demonstrating their self-feeding qualities.

The colour and main features of each product is also visible through a window, enabling the consumer to see without opening a box. *Jackel International Ltd, Dudley Lane, Cramlington, Northumberland NE23 7RH*.

## Holy carob!

Carriba carob bar is a "healthy" alternative to chocolate from Holly Mill Bakeries. Caffeine and sugar free, the bar uses carob to eliminate the bitterness sometimes found in other products. Available in plain, fruit and nut, and orange (£0.39). *Health & Diet Food Co, Seymour House, South Street, Godalming, Surrey*.

## Ad-vantage

New child size all-in-one nappies in 20s complement Vantage's nappy range and, in response to consumer demand, feature three-piece refastening tapes. There are eight packs per outer (£2.79 per pack).

A new green washing up liquid contains 26 per cent active ingredient (750ml, £0.38). *Vetric Ltd, West Lane, Runcorn, Cheshire WA8 2PE*.

## Bickiepegs own

Bickiepegs, manufacturers of teething biscuits, have brought distribution back under their own roof. Packs and outers have been redesigned, and advertising is planned. Bickiepegs can be ordered from a wholesalers or direct from *Bickiepegs Ltd, Unit 5, Blackburn Industrial Estate, Aberdeen AB5 0TZ*.



Remember last year when Mrs Jones came in asking for

“Something  
that’s effective for  
my hay fever?”

“



”

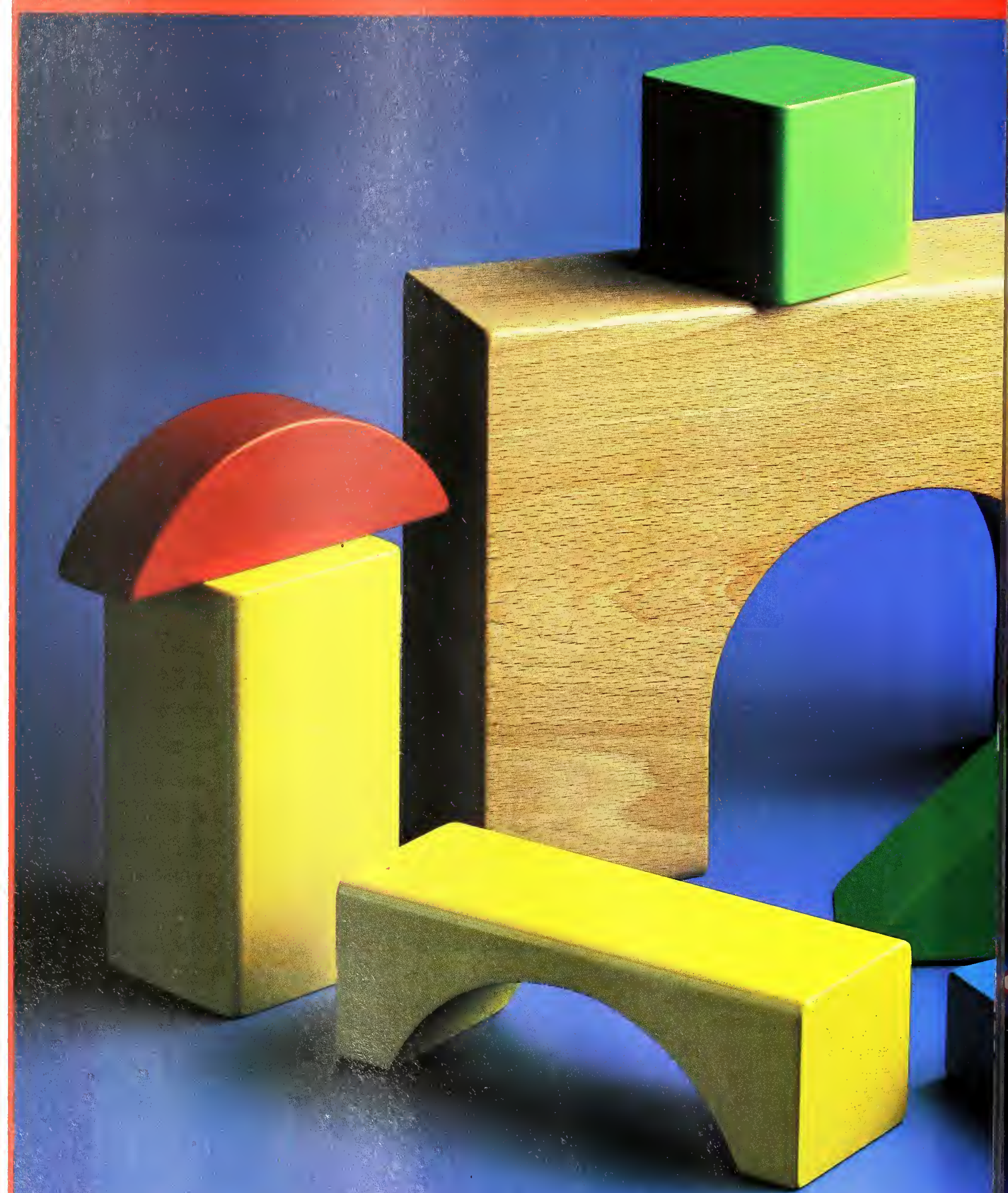
The remedy you chose to recommend then is ready for another successful season. Triludan, last year's most-recommended<sup>1</sup> and biggest-selling<sup>2</sup> antihistamine, is here, as reliable and effective as ever, to help you help hay fever sufferers.

1. Data on file. Merrell Dow Pharmaceuticals Ltd. 2. A.C. Nielsen. March/August 1986.

Trademarks: Merrell, Dow, Triludan.

**Merrell  
Medicines**  
Confidence in pharmacy





# MASTER BU

IMPORTANT NOTICE. BREAST MILK IS THE PREFERRED FOOD FOR BABIES. THE OSTERMILK RANGE IS INTENDED TO REPLACE BREAST MILK WHEN BREAST-FEEDING IS NOT POSS





# BUILDERS



**Farley sales are really growing.**

**Last month alone, Ostermilks more than doubled their market share:**

**In fact, we're already back to number 3 position in the market.**

**So make sure you've got Farley's Ostermilks on your shelves.**

**After all, as we build our business, you can build yours too.**

\*Source: Independent Consumer Panel Data



**Recommended from birth onwards.**



**FARLEY HEALTH PRODUCTS LIMITED,  
THANE ROAD, NOTTINGHAM.**

**Farley's**





# Robinsons have been concentrating on Baby Juices – *and the results have been very fruitful!*

Robinsons, brand leader in the ready-to-drink Baby Juice market, now has a certain winner in concentrated baby fruit drinks.

New C-Berry comes in two unique red and black fruit varieties... Grape, Blackcurrant and Blackberry and Grape, Raspberry and Redcurrant.

With no added sugar, artificial colouring, flavours or sweeteners, C-Berry is exactly the way today's mum wants her baby drinks.


C-Berry can be kept in the

fridge, so Mum can serve and save – just right for little drinks or big drinks. And that means an even bigger market of Mums.

## **50p TRIAL OFFER**

To stimulate trial – right off your shelves – Robinsons are giving away 1.3 million 50p Off Vouchers.

So put both varieties way out in front – C-Berry is an opportunity to build-up those concentrated baby juice sales!



*All you need  
to know about  
successful  
Baby Juices is  
Robinsons!*



## **New Robinsons C-Berry** *Concentrated Fruit Juices for Babies*

INDEPENDENT RESEARCH



## Polytint on Mask media

Poly hair-care are running a television advertising campaign for Polytint, emphasising the products coverage of grey hair.

The commercial entitled "Masks" will run for the next three weeks in Grampian, Central, TVS, HTV, STV and Anglia regions with a £750,000 spend. Warner Lambert Health Care, Southampton Road, Eastleigh, Hants SO5 5RY.

## Women's Wella

Wella are advertising Colour Confidence in a £1½m women's Press campaign.

Double page spreads for weeklies and monthlies throughout the year will appear in *Prima*, *Woman*, *Woman's Own*, *Family Circle* and *Options*. In *Woman's Own* during May and *You* magazine in June, the double page advertisement will be followed by a half page advertisement for the "Colour Factors" booklet. Wella Great Britain, Wella Road, Basingstocke, Hampshire RG22 4AF.

## Mini for men

Network Management are introducing special Gianfranco Ferré for men eau de toilette and aftershave 30ml sprays (£8.50 and £7.50). The offer will run until July.



The products are replicas of the original size bottle, cartoned in gold, edged in brown and will be displayed from a unit containing 12 eau de toilette sprays and 12 aftershave sprays. Network Management Ltd, Marlborough House, 50 London Road, Brentford, Middx TW8 8JL.

Chemist & Druggist 30 May 1987



## No rinse wash from Brinmark

Brinmark are marketing a no-rinse shampoo (8oz £1.99) particularly aimed at those caring for the elderly. After thoroughly shaking the bottle, a quantity of shampoo is rubbed into the dry hair which is then massaged and subsequently towelled dry. No water is needed. S.R. Holbrook Ltd, Jackson Road, Coventry.



This column lists advertisements for chemist merchandise appearing in the IPC women's press during June. The magazines are divided into weeklies (W) and monthlies (M).

Acdo	W
Ashe Vitapoint	W
Elizabeth Arden luxury lipstick	M
Millenium	M
Beecham Canovel	W
Care Savlon	W M
Carter Wallace Discover	W
Chemist Brokers TCP	W M
Thomas Christy	M
Ciba Piz Buin	M
Combe Lanacane	W M
Slip-stops	W
Vagisil	W
Crookes Hermesetas	M
Cuxon Gerrard Carnation corn caps	W
DDD Oz	W M
Stain Devils	M
Deb soap	W
Dulcolax	W
Dylon Oust	W

## Bossing the Press about fragrance

The £350,000 launch advertising campaign for Boss fragrance has just begun.

Single and double page advertisements will appear in daily newspapers, colour supplements and in women's and men's and general interest/style magazines including *Sunday Times*, *You*, *Observer*, *Vogue*, *Harpers & Queen*, *Elle*, *Company*, *Time*, *Golf World*, *Motor Boat* and *Yachting*, *Fast Lane*, *Motor*, *Classic Cars*, *Amateur Photographer*, *i-D*, *Unique*, *Blitz*, *Q*, *Arena* and *The Face*. Network Management Ltd, Marlborough House, 50 London Road, Brentford, Middlesex TW8 8JL.

Runaway	W
Elida Dimension	W M
Mentadent	W M
Evans Medical Mycil	W
Nylax	W
G R Lane Quiet Life	W
George Neutradol	W
Sally Hansen	M
Hawaiian Tropic	M
Houbigant	M
Intercare Aller-eze	W
Ex-lax	W
Hemocane	W
International Labs Dermidex	W M
Johnson & Johnson baby product	W
Empathy	W M
Larkhall Labs	W
Neutrogena	M
Nicholas Labs Paraclear	W
Numark	W
L'Oreal Cacharel Anais Anais	M
Pharmagen Efamolgia	M
Rapidol Inecto	W
Reckitt Senokot	M
Revlon Charlie	W
Revlon	W
Helena Rubinstein	M
Scott Bodyform	W
Seven Seas	M
Smith & Nephew Nivea	W
Stafford Miller Joyrides	W
Sensodyne	W
Tambards	M
Unipath Clearblue	W
Clearplan	W
Uvistat	W M
Van Cleef & Arpels	M
Warner Lambert Colour Story	M
Wella Colour Confidence	W M
Whitehall Bisodol	W
Vichy anti-wrinkle	M
Les Lumineuse	M



## For all football managers . . .

Searle Consumer Products are running a "Sick as a parrot" incentive this Summer. There are to be three free draws in June, July and August. Chemists are automatically entered for the free draw if they stock and display Dramamine using the new "four seasons" POS material. For the winner of the draw there are three prizes: £10 if the chemist has a window sticker displayed, £25 for a window display box, and £50 for a counter display. *Searle Consumer Products, Lane End Road, High Wycombe, Bucks.*

## Ciba backing for lady scousers

Lypsyl is one of the major sponsors lending its support to the Liverpool women's 10km run on Sunday, May 31, in aid of the British Heart Foundation.

The race, which starts and finishes in Liverpool's Sefton Park promises to be Britain's biggest ever women-only run, and entries are still flooding in from all over the world, Lypsyl say.

Five entrants have been chosen for special sponsorship by Lypsyl — these include the youngest competitor, the oldest competitor and three sisters from Liverpool who will be taking part in their first ever run. In addition to their sponsorship they will each receive a Lypsyl track suit, t-shirt and special commemorative trophy. *Ciba Consumer Pharmaceuticals, Wimblesbury Road, Horsham, West Sussex RH12 4AB.*

## Shulton splash

Shulton are celebrating the 30th anniversary of Old Spice in the UK with an entry in the 1987 tall ships race.

The company is sponsoring "Rona" and "Helen Mary R," two of the 40 or more square riggers racing from Weymouth to Cherbourg on August 8. *Shulton (GB) Ltd, Shulton House, Alexandra Court, Wokingham, Berkshire RG11 2SN.*

## Duracell join David Anthony

David Anthony Pharmaceuticals have been appointed exclusive distributor for Duracell batteries to the retail and

wholesale chemist trade from June 1.

DAP's sales director David Gose says: "We are delighted at the official appointment which will forge closer links between the two companies."

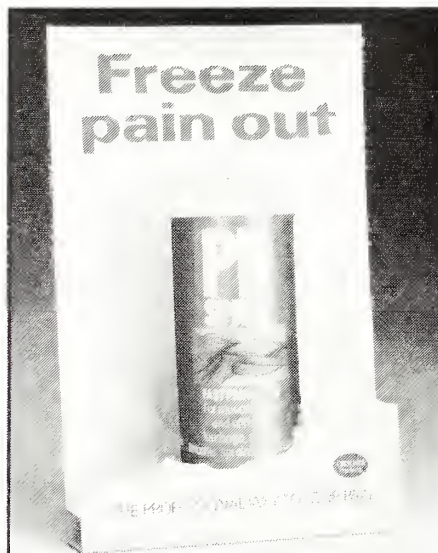
Duracell have announced a number of marketing moves during the remainder of 1987, say DAP, including attractive consumer promotions at point-of-sale, backed up by a £3m national television campaign in the key Autumn selling period running up to Christmas. *David Anthony Pharmaceuticals, Spindus Road, Speke Hall Industrial Estate, Liverpool.*

## Frenchie go to Thomas Christy

Frenchie Cosmetics have appointed Thomas Christy to handle sales and distribution of their range of colour cosmetics in England, Scotland, Wales and Eire.

Managing director, Charles Pardoe, says: "The company's larger sales force will enable us to service more outlets on a regular basis."

To mark the company's appointment, Thomas Christy are planning special trade promotions on Frenchie products. *Thomas Christy Ltd, Christy Estate, North Lane, Aldershot, Hants GU12 4QP.*



For the first time, Crookes are offering a colourful showcard for PR spray, which highlights the freezing action of the pain relief product and carries the title "Freeze pain out. The professional way to stop pain". The showcard is designed to gain visual display for the brand in chemists. It will be available from representatives from June 1. *Crookes Products Ltd, PO Box 94, 1 Thane Road West, Nottingham NG2 3AA*

## Allereze quiz not to be sneezed at

The hay fever season is upon us, and Intercare, makers of Allereze, are offering pharmacy assistants the chance to win a silver serving tray or a stereo radio cassette.

Filling in a crossword containing 12 clues, the answers to which can be found in an assistant's Supplementary Guide on Allereze, and completing a slogan, gains entry to the prize draw, but all completed forms will qualify the sender for either a £2 record token or a Simplegrow pot plant. Closing date June 30. *Intercare Products Ltd, 7 The Business Centre, Molly Millars Lane, Wokingham, Berks RG11 2QZ.*

## Easy Shots gets Yorkshire push

Keystone are supporting the launch of their Regency Easy Shot cameras with test advertising on Yorkshire Television.

The 30-second commercials are being screened from June 1, running for three to four weeks, and backed up with Press advertising. The whole campaign is targetted at five million people in two million homes, says the company.

The three-camera range, which replaces the company's existing range, includes the Easy Shot 1 at £32.95, the Easy Shot 2 at £49.95 and the Easy Shot 2AF at £69.95. All three 35mm compacts come with a five year guarantee, say *Keystone Camera Europe Ltd, Unit 31, Ashville Trading Estate, Cambridge Road, Whetstone, Leicester LE8 3NU.*

## Neutradol airing

M.S. George are backing their Neutradol air freshener with a £150,000 advertising campaign through national newspapers and magazines.

The product is described as an odour controller designed to destroy rather than mask smells. It comes in a jar or a non-aerosol spray. *M.S. George Ltd, 14 Sydney Street, London SW3 6PP.*

Intercare say that standard packs of Hemocane 25g cream and 12s suppositories, retailing at £1.49, will be available shortly. POS material can be obtained from *Intercare Products Ltd, 7, The Business Centre, Molly Millars Lane, Wokingham, Berks RG11 2QZ.*



# Excel yourself.



## Tudor XL film.

This year Tudor are giving you a great opportunity to really improve on your film profit with this exciting range of Tudor XL colour print film, introduced last Winter.

Both inside, and outside the pack, Tudor XL film has been specially designed to have a dazzling effect on your customers.

A product of the latest emulsion technology, XL film is superb for both amateur and professional photographers because it can be relied upon to yield prints of the highest quality where accurate flesh tones and high colour saturation are required.

As the negatives produced have finer grain particles than those on conventional films, your customers can enlarge their favourite shots without experiencing loss of quality.

Our 35mm format with a 100ASA/DIN21 speed rating is fully DX coded. For low light and

action photography, or where flash is not possible, the 35mm format is also available in 400ASA/DIN27 speed rating.

Your customers will benefit from greater exposure latitude, laboratories from improved printing criteria, and as a new stabilisation process improves storage characteristics you'll benefit from longer shelf life.

Available in all popular film formats in 100ASA/DIN21 speed rating, and a colourful range of packs, Tudor XL film really does mean business for you in 1987.

So stock up with Tudor XL film now, and capitalise on this excellent film.



**Tudor**  
*Better by definition*

Tudor Photographic Group Ltd.,  
Eldonwall Trading Estate, Priestley Way,  
Staples Corner, London NW2 7AF  
Telephone: 01-450 8066 Telex: 8814535 TUDOR G  
Telefax: 01-450 0221





## Beecham on display

Beecham Proprietary Medicines have produced a new range of display material.

The new material will highlight their key summer brands — Diocalm, Germoline 2, Germoline footspray and Resolve and includes free standing signpost units. Also available are giant cartons featuring Germoline 2 and Diocalm. Shelf-edgers are also supplied.

The company have produced a holiday check-list leaflet, presented in small free-standing leaflet dispensers. It highlights essential medicines and toiletry items needed for holiday time. In addition free children's rulers with times tables on the back will be available to consumers.

A £650,000 national television campaign will run through June. *Beecham Proprietary Medicines, Great West Road, Brentford, Middx.*

## A challenge!

Jordan are guaranteeing consumers "cleaner teeth or their money back", through a £1.1m promotion on their range of V-tuft toothbrushes.

The Guarantee promotion, running until September, will be supported by 4-sheet poster advertising, a 10 second television commercial in August, and POS and display material. The consumers can return the brush, together with the till receipt, within 60 days of purchase for a full refund, says the company. Distributed by: *Alberto-Culver Co, Houndsmill Industrial Estate, Telford Road, Basingstoke, Hants RG21 2YY.*

Unichem special offers for June include Ambre Solaire, Nivea creams, Peaudouce nappies, Revlon Flex shampoos and conditioners, Soft and Gentle deodorants, and Gillette Blue II razors. *Unichem Ltd, Cox Lane, Chessington, Surrey.*

## Jelly for the animals

Regina Royal Jelly Ltd are launching Animal Magic — a royal jelly capsule for animals — with the help of comedian Bernie Winters and his dog Schnorbits.

The capsule, containing 50mg of royal jelly and wheatgerm oil, comes in tubs of 100, retailing at £5.99, and is suitable for most animals, including dogs, cats and horses, claim *Regina Royal Jelly Ltd, Regina House, 2a Alexandra Grove, London N12 8NU.*

## Washing up

A 250ml size of Eludril mouthwash (£2.40 retail) is to be available from June 1. The existing sizes have been reduced in price: the 90ml pack is now £1.10 and the 500ml £4. *Concept Pharmaceuticals Ltd, The Old Coach House, Amersham Hill, High Wycombe, Bucks HP13 6NQ.*

## Country on the radio

Kimberly-Clark are running a radio campaign for Kleenex Country Collection.

A test campaign using selected radio stations in the Midlands and North of England is being run during this month with plans to extend the regions covered later in the year. *Kimberly-Clark, Larkfield, Nr Maidstone, Kent.*

## Menthol — more flavour

Wrigley are launching a new stronger flavour for their Freedent brand.

Freedent Menthol will replace peppermint flavour in a test market in Scotland, North East England and the border counties from this month. A sampling campaign in the test area will be supported by special display material. *Wrigley Co Ltd, Estover, Plymouth, Devon.*

**Skinicles fade cream** (now £10.95m 100ml) will be distributed from June 1 by: *Carronshore Marketing International Ltd, North Main Street, Carronshore, Falkirk, Scotland FK2 8HT.*



## Body talk

Network Management have introduced a new Ivoire de Balmain body mousse spray (150ml, £18).

Simultaneously Network are running a gift with purchase promotion on the Ivoire range through to July. A 30ml Ivoire body mousse spray presented in a satin make-up bag will be free with any two purchases from the range. *Network Management Ltd, Marlborough House, 50 London Road, Brentford, Middx TW8 8JL*

## Granose give a roasting

Granose Foods have introduced two new vegetarian roasts: Mexican Corn Roast, and Sunflower and Sesame Roast (£1.07, 200g). The roasts come as "ready meals in trays," and will each serve four people, hot or cold. Both are free from artificial colourings and flavourings, and have a shelf-life of one year. *Granose Foods Ltd, Stanborough Park, Watford, Herts WD2 6JR.*

## Triple decks

Original Additions have produced a three-tier perspex tester unit to carry testers for the complete range of Stagelight Cosmetics products. *Original Additions (Beauty Products) Ltd, 1 Elystan Business Centre, Springfield Road, Hayes.*

## Sound and vision link

Le Clic cameras are joining forces with Philips personal stereos as part of a Summer promotion for duty free shopping at Manchester airport.

The competition, running throughout the Summer, will be supported by a local radio campaign and a series of posters at a number of different sites in the airport. Distributed by: *Sangers Photographic Ltd, Priory House, Pitsford Street, Birmingham, B18 6LX.*

# The bells of St. Clements.

**TING!**

**RING!**

**BING!**

**TITTING!**

**KADING!**

In the last 12 months, ST. CLEMENTS registered a staggering 348% increase in sales and achieved the greatest brand loyalty in the concentrates and sparkling fruit drinks markets\*.

In 1987, new packaging, the new ST. CLEMENTS Cola and another highly effective £2 million national TV advertising campaign will continue to fill the tills.

ST. CLEMENTS also gives you great profit margins — so make sure you cash in by placing an order as soon as possible.

In fact, why not give us a ring now?

ST CLEMENTS is a trade mark of Mandora (UK) Ltd.

MANDORA (UK) LTD.,  
MANSFIELD,  
NOTTINGHAMSHIRE  
NG18 4LW  
TEL 0623 656400.  
TELEX: 377054

\*Independent research.

**ST. CLEMENTS**



# When you know how to make them.





# You know how to make them work.



When you're one of the biggest names in the world in electrical equipment, it's only natural that you know how to run things. Last year alone Panasonic made over one billion batteries, from the smallest ever made to some of the largest and most powerful. So if you want to generate business you know who to turn to.

**Panasonic**  
Batteries



## Heinz Savoury Specials in jars

Heinz are launching their six Savoury Special meals for babies aged three to nine months in 128g jars as well as cans.

Launched last September in cans, Savoury Specials — baked beans and bacon, cauliflower cheese, fish in cheese sauce, macaroni cheese, spaghetti bolognese and vegetable and bacon risotto — have sold nearly five million cans, say Heinz. *H.J. Heinz Co Ltd, Hayes Park, Hayes, Middx.*

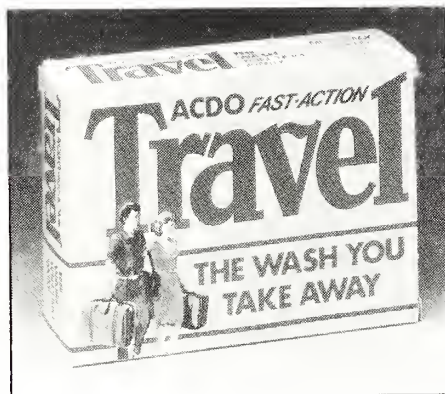
## Elle's belles — search is on

L'Oreal are backing *Elle's* search for potential models, the *Elle's* Angel competition.

Details and application forms appear in the June issue. The winner's main prize will be a modelling contract, the chance to appear on the cover of *Elle*, and the opportunity to feature in a Freestyle advertising campaign. *L'Oreal, 30 Kensington Church Street, London W8.*

## Wash while away

Acdo are backing their recently launched holiday hand wash product, Travel, with over £100,000 of advertising in the women's Press this Summer.



Travel (£0.75, five sachet carton) is designed as an impulse purchase, especially for those travelling abroad. It will feature in colour advertisements in June and July in *Woman's Own*, *Woman's Weekly*, *Woman's Realm* and *My Weekly* with adverts running until the end of August in *Woman & Home*. Distributed by: *Dendron Ltd, 94 Rickmansworth Road, Watford, Herts WD1 7JJ.*



## Imperial meets Royal...

Cussons Imperial Leather Gold shampoo and The Princess of Wales will share the front cover of *Woman* for its Golden Jubilee issue on June 6.

To coincide with *Woman's* fiftieth anniversary celebrations, a miniature Gold pack of normal shampoo with a 10p off coupon will be mounted on the cover. *Cussons (UK) Ltd, Kersal Vale, Manchester M7 0GL.*

## On patrol with the Sergeants

Sergeants Rug Patrol is to be backed by £750,000 of national television advertising, plus colour advertisements in the *TV Times*. The company has recently introduced Pet Patrol and flea collars. *A.H. Robins, Consumer Product Division, Crawley, West Sussex.*

## ON TV NEXT WEEK



GTV Grampian	U Ulster	STV Scotland
B Border	G Granada	(central)
C Central	A Anglia	Y Yorkshire
CTV Channel Islands	TSW South West	HTV Wales & West
LWT London Weekend	TTV Thames Television	TVS South
C4 Channel 4	Bt TV am	TT Tyne Tees

Amplex:	STV, Y, C, A, TSW, TVS, LWT, TT
Bio-tek:	All areas
Cluster bars:	All areas
Fiesta kitchen towels:	All areas
Germoline:	All areas
Gillette Contour Plus:	All areas, C4
Immacc:	STV, TTV
Mr Muscle:	GTV, U, STV, B, G, TSW
Natrena sweeteners:	All areas
Odoreaters:	GTV, STV, BTV, TT
Peaudouce Babyslips:	Bt
Pretty Polly stockings:	All areas, C4
Reach toothbrushes:	All areas
Simple skincare range:	TTV, C, TVS, G, A

## More Muscle on the box

Bristol Myers are running a second television campaign for their Mr Muscle household cleaning products.

A 30-second commercial, featuring Mr Puniverse, used in the Christmas campaign, will run until mid-June in the Ulster, Grampian, Border, Central Scotland, TSW and Granada regions, say *Bristol Myers Co Ltd, Swakeleys House, Milton Road, Ickenham, Uxbridge UB10 8NS.*

## Oranges and lemons on TV

Mandora's St Clements range of soft drinks are being backed by national television advertising this Summer.

Three commercials will run until September, two from last year, and a new one for the recently launched Cola drink. This is part of a £2m push for the brand which will also include advertising in some women's and specialist health Press, on-pack promotions, couponing and in-store demonstrations, say *Mandora (UK) Ltd, P.O. Box 2, Bellamy Road, Mansfield, Nottinghamshire NG18 4LW.*

## Ever Ready on the road

The Ever Ready Derby Roadshow is currently touring shopping centres around the UK.



Designed as a miniature race course, the stand has the turf, the finishing posts, the jockeys and even John McCririck, Channel 4's Tic Tac racing man, and aims to support their sponsorship of the classic race of the flat season and the Gold Seal Oaks. *Ever Ready Ltd, Ever Ready House, 93 Burleigh Gardens, Southgate, London N14 5AN.*



# WE'RE OUT TO IMPRESS YOU

## WITH EYE-CATCHING POINT OF SALE

This counter display unit will launch you into the SIRIUS popular camera market. It's a compact, and colourful 'silent salesman' that simply displays, and describes the products.

## WITH REALLY IMPRESSIVE PRODUCTS AND PRICES

SIRIUS cameras are aimed at your customers. They are simple to use, manufactured to the highest standards, with prices pitched at impulse purchase levels.



### EF-35 COMPACT 35mm CAMERA £29.99

In red or black; with flash, case and strap.

### DX-3 35mm CAMERA £24.99

In red or black; with flash, case and strap.

### 110 TEF POCKET CAMERA £19.99

Built-in telephoto lens and flash; available in a range of colours.

### 110 EF POCKET CAMERA £14.99

Same specification as the 110 TEF but without telephoto lens.

### PUPPY SIMPLE CAMERA £9.99

Ideal for children; available in a range of colours.

## WITH POWERFUL ADVERTISING

7.5 million readers of holiday market publications will be exposed to SIRIUS cameras advertising that is directing them into your shop. And there's more to come; all part of our 1987 £500,000 campaign.

And all part of our intention to keep the SIRIUS brand where it belongs — at the top.

## WITH EXCELLENT POR

You'll be impressed with the mark-ups on SIRIUS cameras. With SIRIUS, you can buy for less, sell for less, but make more!

## WITH SPECIAL DEALS

Special deals are available from your local David Anthony Pharmaceutical agent.

**Phone 051-486 7177 today.**

A MOST IMPRESSIVE NAME

INSIST ON





# SIRIUS

INTERNATIONAL



# NEW GEMS MORE SPARKLE



-  **Brand new up-to-the minute packaging**
-  **Still Unbeatable Value**
-  **Styling & Setting Gel in new modern tube**
-  **Shrink-wrapped for your convenience**

*The name Gem has always stood for great value for money.  
With customers and trade alike.*

*But now Gem will be an even better deal.*

*Because we've given both the Haircare and Body Spray ranges a  
brand new super fashionable look.*

*And we intend to support the brand continually with offers like*



# WILL ADD TO YOUR PROFIT



- ⚡ **Striking new fashion packaging**
- ⚡ **Perfumes reminiscent of famous fragrances**
- ⚡ **FREE 20% Extra Launch promotion**
- ⚡ **Shrink-wrapped for your convenience**

the 20% extra Body Spray launch promotion.

So to find exactly how much sparkle Gem will add to your profits, call our hotline today.

**RICHARDS & APPLEBY**



**Ring 0695 20111 Now!**



*Respond to this ad and  
quality for a really special deal!*



BOING! BOING! BOING! BOING!

Once an animal brings

BOING! BOING! BOING! BOING! BOING!

fleas into the home there's

BOING! BOING! BOING! BOING! BOING!

one sure way to get

BOING! BOING! BOING! BOING! BOING!

them out of the carpet . . .

BOING! COUGH!

. . . Rug Patrol!

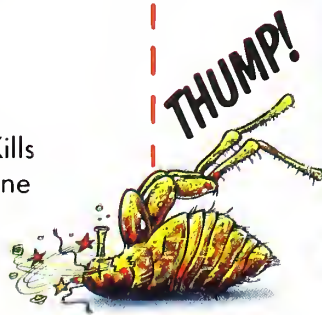
In 1986 we launched Rug Patrol nationally, and we really sent the fleas packing. This year we have an even larger package for you — so be prepared.

- £750,000 National Television
- Colour advertising in the TV Times
- New Sergeants Pet Patrol and Flea Collars
- Excellent P.O.R. and trade bonuses
- Impactful Point of Sale Materials

Rug Patrol is an easy to use insecticidal carpet freshener. Shake on the carpet, leave for ½ hour and vacuum up. Kills fleas, ticks, lice, ants, cockroaches and their eggs. Stay one jump ahead of demand and stock up now.

**Take control with Rug Patrol**

A. H. Robins, Consumer Products Division, Crawley, West Sussex.





## CONTENTS

■ p1062 Practice research contact points ■ p1066 The Kingswood experience of consultation areas ■ p1068 The first teacher practitioner in community pharmacy ■ p1073 Blood pressure monitoring: a community pharmacy tests the water



Pharmacy blood pressure monitoring is discussed by Dennis Ogle (rear centre) Rosemary Moffatt (front) and Rachel Grocott on p1073

## Putting pharmacy into practice

**A**fter *Chemist & Druggist's* "Pharmacy the Future" supplement (September 13, 1986), which examined how the profession might fulfil the combined vision conjured up by the Pharmacist's Charter, the new contract, the Nuffield Report, and the primary health care consultative document, we now report on what pharmacists have been doing, and hope to do, in pursuit of that "ideal".

Patient record keeping and diagnostic tests have been offered by pharmacists for some time. In this feature we see more examples of "extended role" ideas being put into practice. We also list some contact points for those starting out in practice research and in need of help or advice. All this gives a mere taste of what pharmacists are engaged in to further their profession.

But there are those who argue that these new roles are not new at all: "responding to symptoms and counselling is what pharmacists have been doing from the beginning, only the fancy names are new," as one pharmacist recently put it. That may be partly true, but pharmacy, emerging from a long period of self-examination, is

being put under the microscope by the Government, other professions, and, more importantly, by patient and health care pressure groups. So far the profession has not been found wanting, as president Dr Geoffrey Booth reminded members at the annual meeting (*C&D* May 23, p984). However, Nuffield only outlined a possible future, and it is up to pharmacists themselves to fill the detail.

To be accepted in their new roles pharmacists need to prove they can attain certain standards of service, and that these services are an effective contribution to the patient's wellbeing and that they make financial sense for the patient, the pharmacist and the Government.

Such proof of the ability of the profession to deliver will be an essential element in the next round of talks between the Pharmaceutical Services Negotiating Committee and the Department of Health. Individualisation of the contract would be a great help to pharmacists wanting to develop new roles in the community. But many argue that the cornerstone will be a realistic second pharmacist allowance

There has been much discussion. No doubt there will be much more. At the same time, hard facts will be needed to show that what future pharmacists want for themselves will benefit others. But, as past Health Ministers have spurned the concept of individualisation, practice research and evidence of practice research must be the key to any change of heart.

However pharmacy sees its future, the next twelve months or so may well prove to be a watershed for the profession. It must seize on the opportunity unearthed by its own labours and the probings of others. The alternative is to wallow in endless soul-searching and to remain fragmented with no collective professional end in sight. Pharmacy Week, planned for March, 1988, should provide an ideal focus for the public, Government, and other healthcare professions, as well as ourselves.

From the evidence of good pharmacy practice collected in this feature, pharmacists have the ability to make their own "great leap forward". And, with a little more encouragement and clear guidance from their leaders, they will!



## Talk to the experts

So you've got an idea for a bit of research, but don't know quite how to go about it.  
If you need some advice, or want to know about funding, read on . . .

**F**or pharmacists wishing to find out more about practice research, discuss projects they would like to undertake, find out about funding or register for a higher degree (full or part-time) *C&D* has brought together some of the contact points — people who can give advice and help direct practice research. These are mostly university or polytechnic schools of pharmacy together with organisations such as the College of Pharmacy Practice and the United Kingdom Clinical Pharmacy Association. Several pharmaceutical companies have grants for practice research projects sometimes run in association with organisations such as UKCPA and CPP. *C&D* also contributes in a small way with a prize of the *C&D* medal and £100 for the best paper given at the practice research sessions of the British Pharmaceutical Conference.

**Aston University, pharmacy practice research group.** Contact: Michael Jepson (tel 021 359 3611 ext 4185) Alison Morley (ext 4199) or Richard Taylor (ext 4192). The number of pharmacists the department can help with research is difficult to estimate; it depends how involved members of the group are in each project. In the past year around a dozen hospital and a dozen community pharmacists have been involved. Ideally, time should be taken off work to do the research. For example, community pharmacists might need a locum for one day a week during the project — the cost of employing the locum should be included in the resources required for the project. It is difficult to generalise about funding. Recently more grants have become available eg from the College of Pharmacy Practice, pharmaceutical companies, the National Pharmaceutical Association and Regional Health Authority research committees. Projects can lead to qualifications such as PhD or MPhil. These can be undertaken full-time or part-time. A full-time PhD normally takes three years to complete and part-time four to six years. An MPhil can be completed in one to two years full-time and at least three years part-time. It is impossible to specify which types of project are more likely to receive funding, but it is important to check that the proposed work has not been done before or that similar work is not being done by someone else to avoid duplication of effort. Areas covered by projects already underway/complete at Aston have mainly been in community practice including response to symptoms, investigating

influences on GP prescribing and the group has an interest in health education and promotion. In the future the group is likely to concentrate on the extended role of pharmacists.

**Bradford University, pharmacy practice research unit.** Contact: Dr Ian Jones (tel 0274 733466).

**Brighton Polytechnic, clinical pharmacy unit.** Contact: Dr John M. Harris (tel 0273 693655 ext 2122). The number of pharmacists that can be accommodated is two or three, currently one is involved in practice research. Time commitment depends on the type of project being done and whether or not a higher degree is aimed at. Projects already underway/complete include patients' understanding of their diseases and drugs, allergy, asthma and eczema, therapeutic drug monitoring, drugs in the elderly, drugs in patient's homes. Most of these have been hospital based projects.

**Chelsea Department of Pharmacy, King's College, London.** Contact: Russell Greene (tel 01-351 2488 ext 2445). The number of pharmacists that can be accommodated is two or three, currently one or two are involved in practice research. Time commitment depends on the project. If suitable, a project may lead to a qualification such as an MPhil. Areas covered by projects underway/complete include disinfectants in hospitals, adverse drug reactions in the elderly, asthmatics counselling in the community, patient records in community pharmacy, hospital antibiotic use, and oral rehydration in community pharmacy.

**College of Pharmacy Practice.** Contact: Rosemary Mitchell, administrator (tel 01-735 0418). The College is planning a series of study days under the title "The researcher's toolbox". The series will probably run over two years with sessions in both the North and South of England. The four topics to be covered are: statistics, questionnaire design, interview technique and protocol preparation. The aim is to give participants practical skills which they can use in their research. The College also plans a repeat of the "Practice research, getting started" study day, to be held in the North East. As well as organising study days the College can also put pharmacists in touch with people who can help them put together their proposals when applying for awards and grants. A

database of practice research projects is also maintained by the CPP and it has some travel scholarships worth around £1,000 each.

**Hope Hospital, Salford, pharmacy department.** Contact: Laurie Goldberg initially (tel 061 707 6611). The department has been involved in several practice research projects. Help and advice is available to pharmacists on how to go about research and setting up protocols.

**Leicester Polytechnic, school of pharmacy.** Contact: Dr D.M. Collett or Mr M.E. Aulton (tel 0533 551551 ext 2563). The school has only recently become formally involved in practice research. Mr Mike Aulton and Dr Diana Collett also act as pharmacy practice research and development advisors for the College of Pharmacy Practice. At present there are no facilities for research leading to a higher qualification in pharmacy practice because there is, as yet, no funding. But the college can supervise candidates with appropriate external funding. Advice is also freely available. Areas covered by projects currently underway in hospitals in Leicestershire have evolved from day to day problems and have not been allocated special funding or time.

**Liverpool Polytechnic, school of pharmacy.** Contact: for community pharmacy Mr Brian Edwards or Mrs Pauline Jones (tel 051 207 3581 ext 2067); for hospital pharmacy Mrs Janet Decamp or Mr Malcolm Partridge (ext 2068), and for agricultural and veterinary pharmacy Dr Michael Berry (ext 2070). The department can help about ten pharmacists each year. The minimum weekly time commitment is about three hours. Funding is usually available only for higher degrees. Practice research does not have to lead to a formal qualification but suitable registered project could lead to an MPhil. The most worthwhile projects are those done at a pharmacist's place of work. Projects with a patient/clinical orientation are more likely to attract funding from health authorities for example. So far the department has been involved in both hospital and community pharmacy projects done by final year pharmacy students which require four weeks full-time work. Recent projects include the comprehensibility and design of patient leaflets; survey of advice sought by ethnic minority groups from community pharmacists; the use of OTC

More on p1065





## SUMMER-TIME MAGIC

There is no need for hay fever to spoil the magic of Summer. Proven over many years, Piriton (Chlorpheniramine Maleate BP) is now available in a new blister pack of small, easy-to-swallow tablets for your recommendation.

Piriton is made by Allen & Hanburys and has an established reputation for effective therapy, trusted by professionals and remembered by name by the public.

Hay fever need not spoil the magic of Summer.



# PIRITON

## Low Priced Professional Hay Fever Treatment



Allen & Hanburys Limited, Greenford, Middlesex UB6 0HB. Piriton is a trade mark.



# What's been the most significant breakthrough for you?



There have been many technological innovations in the last few years, some more successful than others. However, the one which has affected pharmacists the most is Link from Vestric. It has dramatically progressed pharmacy management with automatic label printing, patient records, automatic stock control and much more.

And while others are still trying to catch up on Link's achievements to date, we are developing Link even further to offer yet more technological advancements.

Just one of the many services that make up Vestric's total package for the independent pharmacist.



· WE'RE ALWAYS THERE · WE ALWAYS CARE ·



*continued from p1062*

diagnostic kits test; an assessment of the appropriateness of a drug level monitoring service in a paediatric hospital; commercial animal health care for goats, rabbits and deer, and herbal remedies and the pharmacist.

**Manchester University, department of pharmacy.** *Contact:* Dr J.A. Rees (tel 061 273 7121 ext 5385). Currently the department has two pharmacists involved in practice research; the department's capacity is undetermined. The average time commitment for such work depends on the type of project being undertaken and the amount of free time available to the individual. It is often difficult to obtain grants for such work. Whether a formal qualification would result from a practice research project would depend on the pharmacist's qualifications, but the possibility of an external MSc does exist. The best sort of project to do is one which interests the individual. So far the department has been involved in projects looking at the use of medicine in the community (funded by the Department of the Environment); clinical pharmacy projects which have mainly been done by full-time MSc (hospital pharmacy) students and patient education projects with production of patient information leaflets.

**University of Nottingham, pharmacy department.** *Contact:* Dr M. Aslam (tel 0602 506101). There are two pharmacists involved in practice research which is the maximum the department can take at present. The time commitment depends on the project and funding available but the student must be supported by the district or self-supporting. The research could lead to an MPhil. The best type of projects are those done jointly with the region. So far the department has been involved in projects looking at: patient compliance; drug usage in the immigrant community; traditional medicines and their implications for the National Health Service, and health care of the Asian community in the UK.

**The Queen's University of Belfast, the school of pharmacy.** *Contact:* Dr Norman Morrow (tel 0232 229241 ext 2070) or Dr Terry Maguire (ext 2071). The number of pharmacists that can be accommodated is four, currently there are two involved in practice research. Time commitment varies depending on whether a higher degree is being pursued or not, but it's usually one to two-and-a-half days a week. Projects can lead to qualifications such as PhD or MPhil. The types of project worth undertaking include information systems eg stock control, prescribing and clinical budgeting; cost economy related projects, and behavioural and social science research in pharmacy. Areas covered by projects

already underway/complete include computers in hospital pharmacy, continuing education, clinical pharmacy, business management and the role of the pharmacist in primary health care.

**Robert Gordon's Institute of Technology, school of pharmacy.** *Contact:* Dr R.M.E. Richards (tel 0224 633611 ext 356). The department can accommodate four pharmacists doing practice research, at present there is one involved. The average time commitment is 12 to 15 hours a week for three years. The time taken from application for funding is variable and unpredictable — money can come from the health board or the individual, for example. The object of the research may simply be to publish a paper, but it can lead to an MPhil. The sort of projects worth doing include compliance studies, use of computers, counselling studies, use of specific products eg ophthalmic, and provision of services to nursing homes. So far the department has been involved mainly in compliance studies done in hospital.

**School of Pharmacy, London University.** *Contact:* the Dean Dr F. Fish or Professor J.M. Newton (tel 01-837 7651). The School has recently appointed a research project officer and a "major piece of community pharmacy practice research is to be undertaken". The School also plans to develop a pharmacy practice research group.

**University of Strathclyde, department of pharmacy.** *Contact:* Dr James R. Johnson (tel 041 552 4400 ext 2137). Four pharmacists can be accommodated by the department; currently there is one doing practice research. The time commitment depends on the project but spare time application is certainly needed. As a rough guide the average might be one hour, three times a week for one or two years. Projects needing specialist equipment or resources often need funding (although advice from University staff is usually free!) On average 25 to 50 per cent of a project may be funded. Money should be available especially for community pharmacy projects. The work could lead to a formal higher qualification; publication of a short investigation is possible. The best sort of projects to do are those involved with expansion of the pharmacists' role as envisaged by Nuffield. To date the department has been involved in projects with hospital pharmacist intervention in prescribing and use of local formularies.

**Sunderland Polytechnic, department of pharmaceuticals, faculty of pharmaceutical sciences.** *Contact:* Dr Ian Boyd (tel 091 567 6191). About ten pharmacists doing practice research can be accommodated, currently there is one community

pharmacist and three hospital based practice researchers. Time commitment depends on the project and the researcher. This is discussed at the beginning of the study. Some funding is available from the Polytechnic for approved projects leading to a higher degree. However, grants are not easy to obtain and this must be clearly thought through at the beginning of the work. Registration for an MPhil or PhD is possible but smaller and less complex studies are also encouraged. The best type of project depends on the individual, their circumstances and opportunities. Commitment to a research project, whatever its subject, is the single most important factor. The department has already been involved in projects that have been mainly hospital based. Advice is freely available to those who do not necessarily want to link up with Sunderland Polytechnic and those seeking an appropriate institution or organisation.

**UKCPA.** *Contact:* secretary, Mike Burden (tel 0533 552020).

**University of Wales Institute of Science and Technology, Welsh School of Pharmacy.** *Contact:* Dr J.W. Poston (tel 0222 42588 ext 3607). The number of pharmacists that can be accommodated is about half a dozen. Currently there are three hospital pharmacists and one community pharmacist involved in practice research. Time commitment is about two years for a part-time MPharm, five years for a part-time PhD. A useful project can be done in six to 12 months part-time. Ideally a part-time researcher should be able to spend two days a week on a project. Companies may help to provide equipment such as computers and regional health authorities have research budgets and usually consider grant applications quarterly or biannually. Projects worth doing are those which can be shown to lead to patient benefits or improve cost effectiveness of existing services. Areas covered by projects underway/completed include drug prescribing in residential homes for the elderly; acquisition, supply, custody, administration and use of medicines in residential homes for the elderly; evaluation of the query answering service provided by the drug information service in Wales; applications of a computerised drug distribution database in a district general hospital; effect of the limited list and other aspects of drug prescribing in a health centre; drug related problems in an A&E department; and drug expenditure patterns in a district general hospital.



**C**&D was pleased to have the help of two pharmacists at Kingswood Chemists branches — Mrs Sue Russell in Biggleswade — and Mrs Kim Watts in Sandy, Bedfordshire — to look at the use of a consultation booth (at the Sandy shop) for advising customers comparing it with consultations in a pharmacy without a defined consulting area.

Both pharmacists filled in a short questionnaire after each consultation (when time permitted). The survey ran for approximately four weeks in each pharmacy, after which the questionnaires were returned to with comments C&D.

Here we present the two pharmacists' findings without trying to make too many definitive conclusions from the data obtained, (a) because of the short time for which the survey ran, and (b) because only two pharmacies were studied. Despite this, some interesting results emerged.

**Table 1**

**Problems patients presented with at pharmacy without consultation booth (frequency if greater than 1)**

Eye problems (5)  
Sore mouth/ulcers (4)  
Generally feeling sickly  
stomach upset/diarrhoea (4)  
Migraine/headache (3)  
Cough/cold (3)  
Neuralgia (2)  
Sore throat/swollen glands (2)  
Earache  
Red, dry skin  
Acne  
PMS  
Pain on micturition  
Warts  
Knee pain  
Child "run down" after illness  
Safety of antibiotic in pregnancy  
Side effects of cimetidine  
Drugs in child's room

**Table 2**

**Results from questionnaire in pharmacy without consultation booth (frequency)**

Customer asked for pharmacist (15)  
Customer referred by assistant (19)  
Not reluctant to talk in shop (29)  
Taken to one side for privacy (5)  
Average time for consultation (range)  
Just over 3 minutes (1-10 minutes)  
Action: Refer to GP (8)  
Sold OTC but refer to GP if no better (17)  
Sold OTC (4)  
No sale (ie advice or OTC at home) (3)  
Advice on POM (2)  
Patient returned and advice/product worked (1)  
Patient returned with script (1)

## Far from the madding crowd

**Do pharmacists need a defined consultation area to advise patients or is it OK to carry on talking to customers over the Anadin and Fisherman's Friend while elbowing the Durex merchandiser out of the way. C&D did a survey with the help of two pharmacists from Kingswood Chemists to try to find out.**



**Mrs Russell advises over the counter at Kingswood's Biggleswade pharmacy**

## Conclusions . . . no booth

During the period of the survey conducted at Kingswood's Biggleswade branch 34 questionnaires were completed by Mrs Russell and the locums employed during her absence. This does not represent the total number of occasions that the pharmacist was involved in discussions with an individual. Certain "consultations" such as when a trained assistant conveyed details of minor symptoms, for which she already knew what course of action Mrs Russell would recommend, have not been included. At very busy periods it was not possible to stop to fill in a questionnaire immediately, so Mrs Russell ignored most of these cases rather than fill out a form from memory later on.

Mrs Russell made the following comments on what she found: From the questionnaires completed, in only three cases would it definitely have been advantageous to have a private consultation area, as indicated by the attitude of the

person being counselled. These cases involved:

- 1 A gentleman describing symptoms of difficult, painful micturition;
- 2 A lady approaching menopausal age with troublesome pre-menstrual syndrome, and
- 3 A distressed mother who had found substances in her teenage son's bedroom and was worried that he was taking drugs.

"All of these individuals were taken aside to a quiet corner alongside the dispensary, but away from staff and other customers, where they were obviously more comfortable." Mrs Russell says her dispensary is large enough to accommodate patients wishing to talk to her, but it is open-plan and overlooked by the medicines counter with its attendant heavy "traffic". In a further two cases — both men — the degree of embarrassment noted was due not to the symptoms being described, but to the fact that the patient was either ashamed that the problem was self-inflicted or that they felt foolish asking for advice!

This last point is interesting because it was something that she noticed to a lesser degree at the start of several consultations. "Some patients felt it necessary to apologise for 'bothering me' or justify the 'intrusion' on my time by saying something like 'well they tell you to ask your pharmacist, so . . .'. To me, this is one of the most important stages of the interview, because it is up to the pharmacist to read the signals from the patient and to relax and reassure them, whether by words or gestures, that they are not wasting one's time. The pharmacist can then elicit the reasons for the consultation and then decide how and where to proceed."

In some situations, Mrs Russell thinks it would be a distinct disadvantage to immediately direct the patient to a private consultation booth because it would only heighten their embarrassment at being "a nuisance", not to mention subjecting them to the questioning gazes of other customers who are curious as to why they need to be taken to a private room.

The average length of consultations was 3¼ minutes. "In many cases I found it appropriate to recommend an OTC product. Sometimes the patient already had this at home, but had not thought of using it. It is my policy in all but the most obviously minor cases to recommend treatment for a set length of time only and to stress that the patient must see their doctor if they are not better by then. I definitely feel that my job is to complement the role of the doctor, not to try to replace him," Mr Russell says.

"I would hope that the fact that none of the patients returned for advice on the same subject means that the treatment was successful or that they had heeded the advice to consult their doctor, who may or may not have prescribed medication. However, I do not feel that four weeks was



long enough to assess whether patients were inclined to return for advice.

"Finally, I feel that before we start pressing for custom built consultation areas, we must ensure that all who purport to be able to give the standard of advice that patients could justifiably expect from such a provision are fully equipped to do so. The best consultation point in the world will be useless if the pharmacist manning it has not perfected his communication skills, and more importantly, ensured that his knowledge is kept up to date."

Table 3

Problems presented to pharmacy with consultation booth (frequency; discussed in shop[s] or booth [b])
Mouthwash for oral hygiene (1;[s])
Mouth ulcers (1;[s])
Advice on POM (4;[b])
Dry skin (1;[s],2;[b])
Travel sickness (1;[s])
Upset stomach (2;[s])
Verucca (1;[b])
Dandruff (1;[b])
Cold sores (1;[b])
Wart (1;[s])
Eye problems (4;[s])
Head lice (1;[s])
Worm infestation (1;[b])
Ovulation test (1;[b])
Pregnancy test (1;[b])
Weeping, inflamed ears (1;[s])
Sore throat (1;[s])
Earache/ear wax (2;[s])
Malaria prophylaxis (1;[s],2;[b])
Thumb sucking leading to distortion (1;[s])
Blocked sinuses/cold (2;[s])
Teething problem (1;[s])
Burn (1;[s])

Table 4

Results from questionnaire in pharmacy with consultation booth (frequency)
Customer asked for pharmacist (23)
Customer referred by assistant (13)
Discussion in shop (22)
Discussion in booth (14)
Average time for consultation (range):
In shop Just over 4 minutes (1-10 minutes)
In booth 7 minutes (3-15 minutes)
Action: Refer to GP (11)
Sold OTC but refer to GP if no improvement (4)
Sold OTC (18)
No sale (3)
Advice on POM (3)
Patient returned with a script (7)
Patient returned for advice on same or different subject (16)
Patient didn't return (10)
Reactions to using booth:
Useful (12)
Indifferent (2)
Surprised it was there (1)



Mrs Watts has the benefit of a booth in Sandy

### Conclusions . . . with booth

Mrs Watts' only regret about her part of the survey was that she did not have as much time to fill in the reports as she would like to have. But then that's a symptom of running a busy pharmacy.

Except for two customers who themselves asked to go into the booth for discussion, all the others who were spoken to in the booth were directed there by Mrs Watts.

The reason that more people did not actually ask to use the booth was probably that they were not aware that the booth was there or perhaps did not understand what a "consultation booth" was. However, only one person expressed surprise such a facility.

Overall Mrs Watts felt that using the booth did not extend consultation times over much. The results do suggest, however, that the average time of consultations in the booth was longer than for those conducted in the shop.

The appearance of the pharmacist is probably important in determining how much time customers expect to be given. Mrs Watts felt that if she appeared rushed off her feet then people were less demanding of her time than if she appeared less busy.

As for the booth itself Mrs Watts finds it very useful but she does not think it's essential. For some subjects where some privacy is helpful, eg examining someone's athletes foot or discussing a pregnancy test, a consultation area helps to do the job more professionally. However, Mrs Watts feels that the most important thing really is to get the person's attention. So if there is an area aside from the general hussle and bustle and distractions of the pharmacy, preferably with a chair, then that will suffice. Having a seat is useful if you want to demonstrate something, says Mrs Watts, because you can balance a product on your knee.

Mrs Watts is realistic about having the consultation booth: the Kingswood pharmacy at Sandy is large and can accommodate it easily and she finds it useful for patients who need a degree of privacy or just somewhere to sit and collect themselves for a few minutes — alone if necessary — before being told the results of a pregnancy test, for example. However, Mrs Watts is mindful of the installation cost as well as the space requirement so she believes that pharmacists should look into the idea before "jumping on the bandwagon of putting in a booth."



# Practice what you teach

**D**r John Purvis has a dual role. Half his working life is spent as a lecturer in clinical pharmacy at Bradford University, the other half as a community pharmacist working for E. & M. Hazlehurst Ltd who have two pharmacies in Bradford and one in Skipton.

The joint appointment was set up last October by Professor Robert Naylor, chairman of the school, who felt the need to bring "an air of the reality of pharmacy practice" to his students.

"Most teaching staff in pharmacy schools are by definition academics with little time to practise pharmacy themselves," he says. "The only realistic way we can introduce experience of practice is to obtain the services of someone who is involved in it at a serious level. But we wanted more than a practising pharmacist coming in one day a week or so, simply to help with dispensing classes, and decided that a solution might be to employ someone on a 50:50 basis."

Luckily the appointment was made before the latest round of university cuts hit hard. "It would have been impossible to imagine the university creating a new post this year," Professor Naylor explains. "Not only is there an embargo on all new appointments, but universities are desperate for staff to leave because of the severe financial shortfalls. One of the reasons we could afford the joint appointment was that

**Nuffield recommended that more joint appointments should be established to enable pharmacists in practice to become members of staff in pharmacy schools. C&D went to see how the first joint appointment involving community pharmacy is working.**

my own appointment to the established chair of pharmacology a year ago was an internal appointment that didn't require additional funding. We were also lucky in that the university authorities were sympathetic to the idea and were keen to support a joint appointment. Similar posts were already working well in other departments, for example engineering, so we weren't the first to try it."

Two half-time academics were also appointed within the school of pharmacology. The other was hospital pharmacist Chris Acomb who works the rest of the time at Airedale General.

For John, there is no typical week. "It was originally suggested that I worked during term times at the university and during vacations in the pharmacy, but I didn't think it was wise to spend large blocks

of time away from either one because you get out of touch so easily," he says. "So as a general rule I work one day a week in the pharmacy during term time and am virtually full time there in the vacations. I think the continuity still suffers but that is inevitable with this type of appointment. You find you have to catch up with all kinds of things that happen in your absence."

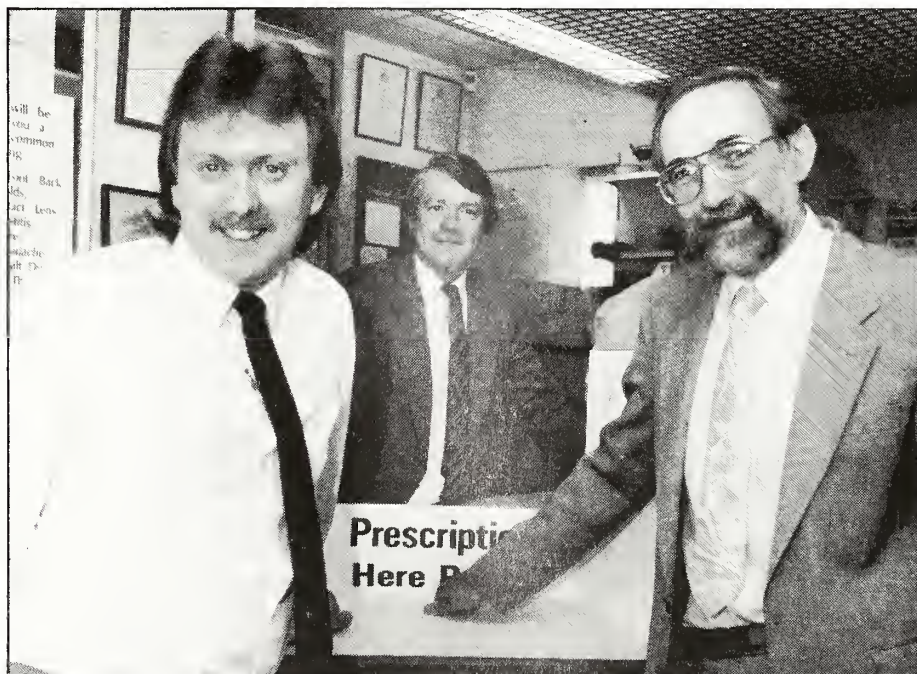
Since graduating in 1978 from a pharmacy sandwich course at Bradford, he has always tried to maintain links with both branches of the profession. After completing his PhD at the university in 1982, during which time he held a six-month lectureship, he did some locum work before managing a pharmacy for 2½ years. While working in the community he maintained his university contacts as an external lecturer and for the past two years he has helped organise the Pharmaceutical Society's Yorkshire Region continuing education courses. He was doing locum work for the Hazlehursts when the appointment was advertised last Summer.

## In the community

In each of the pharmacies in Bradford and at Craven Pharmacy in Skipton, there is a full-time pharmacist, of whom Dick Hazlehurst is one. All businesses are open six days a week so there is a constant need for locums to cover days off, an arrangement which is more economical than employing two pharmacists full time in any one pharmacy. So when John is there he functions largely as a locum involved in the day to day running of the business and as yet there has been no chance for either him or Dick to develop other roles such as domiciliary visiting, although they have been approached to help teach the care assistants at a local psychiatric home about the safe use of drugs.

Soon they hope to embark on some practice research, which was one of the main reasons for the appointment. Professor Naylor explains: "The aim was to produce meaningful research as well as teaching, otherwise we couldn't justify the appointment to the university authorities, for whom research is tremendously important. Teaching alone would have only half fulfilled the aims of the appointment."

No-one can yet reveal what research they will do because it is still at the planning stage, a complex business when it involves people rather than laboratory sciences. But Professor Naylor volunteered that it will probably involve an assessment of OTC products and community pharmacy and, if successful, could give new meaning to the pharmacist's role, making the information



The three corners of the triangle: (from left) joint appointee Dr John Purvis, community pharmacy proprietor Dick Hazlehurst and chairman of the Bradford School of Pharmacy, Professor Robert Naylor



# New HC45 Hydrocortisone Cream. Complementing Cream E45 in the treatment of contact dermatitis.



You know you can trust and recommend Cream E45 to relieve a wide range of dry skin conditions. And now you have the chance to recommend HC45 Hydrocortisone Cream (1%) to reduce inflammation, calm irritation and promote healing. HC45 is the safe and effective OTC treatment for

contact dermatitis from allergens or irritants. HC45 is only to be applied once or twice a day for a maximum of 7 days. Between applications of HC45, advise using Cream E45 to restore flexibility and softness to the skin.

Trust Cream E45 to relieve. Trust HC45 to treat.

## Effective dermatological products from Crookes.





they give more authoritative. A project should start within the next six months and Professor Naylor foresees it carrying on longer than the three years stipulated for the joint appointment.

When at the university John is mostly involved with teaching applied pharmacology and therapeutics to final year students. He is convinced that his keeping up to date with community pharmacy has been useful to his students and he has changed the content of his lectures according to his experiences outside.

"I'm particularly interested in OTC medicines, the pharmacology of which — on the whole — is poorly taught and understood, yet pharmacists have to make decisions on these drugs daily and need the technical background to support these decisions. This is a major area I believe community pharmacists must develop to fulfil their primary health care function."

## An optimist

"I'm quite optimistic about pharmacy's future because I really believe there is a role out there, educating the public about medication. There will soon be a generation of doctors with no experience of blacklist drugs which used to be prescribable but are now only available OTC and in which only the pharmacist will have expertise. We need to develop this knowledge in the undergraduate course and in continuing education."

For Dick, the most obvious benefit of the appointment is having a regular locum. "But if we were to view it solely in that light we would totally undervalue the whole purpose of the exercise," he claims. "Even so, it's absurd not to acknowledge that we have this facility."

"The wider benefits relate to the standard of service we are able to provide. Constant contact with someone of John's ability is both educational and stimulating. All of us who work with him are picking up information from him all the time and he has a knack of explaining things simply to the lay public. So customers benefit both directly and from the increased knowledge of the staff."

"To some extent I try to keep up to date with clinical pharmacy by going on continuing education courses but I find it much easier to absorb information by working with someone like this than by sitting in a lecture or reading. On numerous occasions I've overheard him saying things which I may have known as fact but not appreciated the significance of."

"The sandwich course students also benefit when they come to us for their six months in community pharmacy. They're getting one of their teachers virtually holding their hands and guiding them while they are in practice."

"It would be an expensive luxury for the

two of us to work together all the time on the days John is here," Dick continues. "But it allows me to do during the day the things I used to have to do on my way home, such as truss fitting and oxygen deliveries. Because there are so many demands on a community pharmacist's time — dealing with patients, supervising the dispensing, being aware of what's going on in the shop — on the occasions when we are together it has been difficult to devote time exclusively to planning and executing research and we've had to wait until the doors closed before we could start serious discussion."

The research will be a genuine joint venture with the university. "The university can't do practice-based research without a pharmacy and we don't have data processing facilities."

So far Dick has found the experience most enjoyable and hopes the appointment will be renewed after the three years. Jokingly he sees the only drawback is the temptation to talk too much. "The intellectual stimulus is terrific," he says, "and the increased contact with the university keeps you young!"

One danger appears to be that the person with two half jobs can easily end up with two full-time jobs. Professor Naylor says that the demands of academic life are more than many pharmacists in practice imagine. "A number of my colleagues work at least 12 hours a day and possibly at weekends," he explains. "John has an enormous workload, particularly as it's his first year and he has to prepare a lot of academic material while maintaining a serious commitment in general practice and trying to develop research projects. He also has a major task in helping to organise post-experience courses where again it is important that the person giving out the information has first-hand knowledge of practice."

## On the campus

"Any new lecturer is busy in his first year but for him the workload was exceptional because he had feet in two camps. Hopefully, once he has established his teaching routine, life should become a little easier. Obviously, before we engaged him no-one knew the exact commitments and it was a voyage of discovery to work out what was practical in the time we had."

"There are very few pharmacists who could make a success of the job," Professor Naylor continues. "It needs someone who is dedicated to both general practice and to teaching and who has experience of both. The university wanted someone who was academically sound and Dick wanted a competent practising pharmacist."

"It was also vitally important we chose the right community pharmacist as the so-called 'outside co-operating body'. It had to be someone very much in sympathy with the

aims of the appointment, who was particularly interested in the profession and who was something of a forward-thinker — able to predict what might happen in the light of the many changes affecting pharmacy. The person would have to appreciate the university's commitments in the same way we would try to appreciate the practising pharmacist's commitments."

"Above all, it needed someone who was very enthusiastic and dedicated. General practice pharmacists already work a long day and we were asking someone to take on even more duties in the form of research projects."

Professor Naylor admits frankly that he did not think many community pharmacists could afford this type of appointment. Although hospitals also had financial restraints they perhaps had greater flexibility so he thinks joint appointments are more likely to be established in the hospital sector. But with university finance in the state it is, he sees little hope for more appointments in the near future.

## Worst of both worlds?

Another possible disadvantage of the job is that the person concerned might feel he or she is missing out on the retail or academic career ladder. But Professor Naylor firmly believes promotion need not be prejudiced because the university would not expect the same spectrum of activities as they would from a full-time academic and they would take into account fully the outside duties. Likewise, someone progressing up the academic grades need not lose contact with practice outside.

The Bradford appointment was made for three years because this seemed a reasonable trial period. "It was such a novel idea we couldn't guarantee its success so we had to set a point at which the progress of the venture could be assessed."

And anything could happen in that time to make one of the parties wish to opt out. The company's financial circumstances could change, as could the university's, or John, if he hasn't collapsed from exhaustion, might decide in favour of full-time academia or practice.

"It's my sincere hope that the appointment will progress beyond the three years," says Professor Naylor. "I think that once the research gets going, both Dick and John will enjoy doing something no-one else in pharmacy is attempting, and hopefully their enthusiasm for being trendsetters will make them wish to continue."

"It's been splendid so far because there's been so much goodwill on all sides. There have been no difficulties at all in terms of philosophy and objectives in what we are trying to achieve. The only real difficulty has been that there aren't enough hours in a day to do all we want to do."



# Migralift

## LIFTS OFF WITH FULL NATIONAL SUPPORT

£300,000\* splashed right across the national press

Over 64 insertions across the eight month launch period

Educational approach diagnoses migraine to help the 70% of migraine sufferers not currently consulting their doctor.

Campaign aimed at over 5¾ million potential migraine sufferers.



**MIGRAINE  
ATTACK**  
Break free fast with Migralift

**Migralift**



**When Migraine strikes reach  
for the rapid relief of Migralift**

**Migralift**



HEADACHE PAIN BEHIND EYES  
VISUAL DISTORTION NAUSEA  
VOMITING LIGHT SENSITIVITY

**MIGRAINE  
ATTACK**

**Migralift**



Plus Consumer leaflets and eye-catching P.O.S.

# Migralift

Especially formulated to lift migraine fast

\*Rate card



# Have you given children's pain relievers a check-up lately?



48.7%  
SUGAR

Most widely  
used brand.

Panadol Baby  
& Infant.



0%  
SUGAR

The makers of Panadol announce a new pain reliever that combines the best of both worlds.

Baby and Infant has a pleasant, fruity taste so children find it easy to swallow.

And because this paracetamol based pain reliever contains neither sugar nor alcohol, it goes down well with their mothers.

**New Panadol Baby and Infant.**





# Reducing pressure at work

Blood pressure monitoring is an area that has been suggested as suitable for the pharmacist to take a more active role in the prevention of ill-health. Dennis Ogle, Rachel Grocott and Rosemary Moffat relate their experience of doing just that in Ogle's Worcester pharmacy.

A discreet notice in the window of our suburban pharmacy, fortified by a similar notice on the dispensary counter, told the passing population of the St Johns area of Worcester that they could avail themselves of a blood pressure monitor any time the pharmacy was open.

The apparatus was a distinct success and this prompted us to instigate a survey of those who took advantage of our machine. The public, usually reticent about the inner workings of their bodies, except in the confines of the surgery, were quite frank and open when it came to divulging the secrets of their diet, their smoking and even their exercise habits. We had no problem in extracting from them the statistics needed for this type of survey.

The notice had said that a pharmacist would give help and advice if necessary, so the patient was not alarmed when a white-coated figure appeared at his side after he had seated himself at the machine. The white coated figure, one of the pharmacists, produced a questionnaire and, while helping the patient with the mechanics of the machine, sought the necessary data.

The question-and-answer time was also used to help the patient relax and take his mind off a somewhat traumatic event. Who pops into their local pharmacy on the off-chance and busily proceeds to test his own blood pressure without some slight twinge of anxiety? This anxiety, of course, may lead to a higher blood pressure reading than usual.

The patients were asked nine questions, to set up brief patient histories and to check whether they were already taking hypertensive therapy. The questions were: name, address, age, sex, occupation, smoker/non-smoker, current exercise,



The 'pressure point' in Dennis Ogle's Worcester pharmacy

recent medication (all types) and previous BP readings.

The reading from the machine, which has been approved for use by the British Heart Foundation, give three figures to both the observer and the patient — the systolic BP, diastolic BP and the pulse rate — within two minutes of activating the machine. The seated patient inserts his arm into the inflatable fixed cuff and rests his elbow on the table top of the machine. In this position, the cuff microphone will be over the brachial artery and will pick up sounds of the arterial blood flow as it overcomes the resistance of the gradually deflating cuff. A comforting bleep issues from the machine as the pressure gradually eases, and the regularity of this bleep helps in the detection of any ectopic beating or movement of the patient which can give false readings and a hiccup in the rhythm. If this happens, the patient is re-seated, and the process repeated, notes being taken of both sets of readings.

## When to take action

We had seen guidelines before beginning the survey, deciding to take action if the diastolic pressure reading was more than 90mmHg. The systolic pressure unless extremely high, was ignored in this survey. The pulse rate we used in an arbitrary way to indicate stress and the relative fitness of the patient.

Patients with diastolic readings of 90mm or more are given more in-depth advice, based on diet, exercise and smoking.

Patients faced with electronic evidence of their cardiac abnormalities are far more likely to comply with advice on diet or exercise, especially if that advice is sensible

and requires no sudden change in eating habits — than any exhortation from a remote source such as their mates in the pub, their mother-in-law, or other such Delphic seer.

This verbal advice took the form of recommending the patient to cut down on salt, sugar and saturated fats; increase exercise gradually and not explosively, by taking walking for pleasure at least once weekly and more often to leave the car at home for short trips to the shops; and to renew acquaintance with the local swimming baths to participate in the healthiest exercise of all, leisure swimming. Smokers were asked to cut down and eventually cut out smoking.

Verbal advice was always backed by leaflets extolling the virtues of a healthier lifestyle. These leaflets are freely available from the local Health Education Authority office and the authors acknowledge gratefully the help local HEA officers gave us for this project, notably Joan Richardson and John Brigg. The HEA has a superb supply of leaflets and well-produced posters available to health professionals and will willingly supply quantities to pharmacies. Those we used in this exercise included: "Beating heart disease," "A guide to healthy eating" and "Give up smoking," (a booklet which looks remarkably like an FP 10).

Other valuable sources of leaflets are the two companies Duphar and Bristol-Myers, who both produce leaflets dealing with healthy diet regimes, especially low cholesterol and high fibre. These leaflets can also be used as a conversation starter and *aide-memoire* when advising patients towards a more healthy eating style not initiated by the blood pressure monitor, for

*continued on p1074*



*continued from p1073*

example, in the chronically constipated or oedematous patient.

If the patient was already on anti-hypertensive therapy then the advice was given to back that of the doctor. Despite the seriousness of the condition we were painfully aware that many patients had not been advised how they could ameliorate the disease, or if they had been told they had forgotten. It has been shown that 70 per cent of the advice given to patients in a surgery is forgotten before they have left the building. Perhaps we are finding our advisory role sooner than we had expected.

Compliance was easily checked and those patients who were poor compliers had the evidence of their laxity quickly demonstrated by the higher than expected readings on the monitor. Most patients had no idea of their blood pressure readings or whether they had gone up or down several points. To aid compliance, we thought the doctor might sometimes turn his sphygmomanometer towards the patient so that he could see what was going on.

The importance of following directions exactly was stressed and the reasons given. It was difficult, however, to allow for the elderly patient who insisted in taking her Slow K tablets daily, ignoring the smaller white frusemide tablets, as she thought the larger salmon coloured ones were doing her much better.

With relatively small sample numbers comprehensive suppositions cannot be drawn from this survey, and we would be presumptuous to assume that this was more than an exercise in good patient/pharmacist relationships rather than a full-blown scientific statistical survey.

However some figures are of interest. Considering male patients only, we had targeted those patients at high risk, ie those in the age band 35-55, but allowed other patients to be tested so that a broad statistical survey might evolve.

A quarter of the patients were already on antihypertensive therapy and, of the patients who were not, only 30 per cent had had their BP measured in the previous two years. Nearly half the male patients had a diastolic BP of over 90; 17 per cent of the male patients were strongly advised to visit their GP for a check-up as a result of a high reading and 30 per cent (the remainder) were asked to return to the pharmacy in about one month for continued monitoring. Half of these did return at least once to check their progress.

## Retrospective ideas

It was thought ideal in retrospect that additional advice should be given to the patients in the sample to ensure that they consulted the pharmacist before purchasing OTC medication and to be aware of the potency of some household remedies such

as nasal sprays, etc. Patients should be given a record of the BP readings and be encouraged to take their own BP at regular intervals, for example, every three to six months. Subsequent visits to the GP and production of the card may help in spotting underlying disorders not perhaps immediately discernable at a cursory examination.

## Conclusions

Many people used the machine initially out of curiosity. The public is becoming more aware of preventive health care, and a machine like this offers an excellent opportunity to satisfy this desire.

The chance to screen the man in the street for latent heart problems must not be overlooked and preventive health advice must in the long run be cheaper to the NHS than expensive drug therapy or traumatic hospitalisation. The pharmacy is ideally suited, with its throughput of health-orientated customers, to give a service of this kind and the supportive information is accepted gratefully by those in need of such advice.

Ideally, each patient using the machine should be given some advice, even if the readings are "normal," be it dietary, physical or anti-smoking. However, in a busy dispensary, pressure of time and work sometimes protracts such discussions. We attempted to start discussions with all our monitored patients and gave them what we considered rational and succinct advice.

It was realised that too much importance could easily be attributed to the odd "high" reading, and if this was so a figure of 33 per cent of tested patients being hypertensive could be assumed. Readings of these patients taken over six or seven occasions and over a time span of several weeks would allow this to drop to less than 5 per cent.

Despite this it was thought worthwhile to operate the machine in pharmacy on the off-chance of spotting the chronic hypertensive

unaware of his or her condition, and it was gratifying to do just this when one lady patient rang the warning bells with a 190/120 reading. She was persuaded to visit her doctor who, after confirming the high reading, has been treating her with beta blockers and diuretics.

Electronic measuring devices have received a somewhat jaundiced criticism of late, principally in their inaccuracy in diastolic measurement, but they do score in the removal of the "digit preference," where the observer, using a conventional mercury column manometer, settles for readings ending with 0 or 5, and usually 0 or 5 below the true reading. Unconventional manometers which keep the mercury column hidden till the reading has been taken and then show it to the physician, as in the London School of Hygiene model, or where the scale of zero is randomly altered and a correction added later, in the aptly named Hawksley Muddled Zero manometer, show the extent of doctor bias, and even the London School of Hygiene model has been accused of having an inbuilt bias, leaving the Muddled Zero the apparatus of choice.

Within the normal restraints of good BP measurement, when the patient's position, sitting or lying down, the position of the cuff in relation to the heart, the cuff size and the rate of fall of the relaxing pressure are highly critical, the machine was seen to perform well. Very obese patients who would require a bigger, even a thigh cuff, were not catered for at all.

## Benefits to the pharmacy

Good patient/pharmacist relationships are forged. The patient builds up a trust in his local pharmacist which no amount of publicity could emulate. He will continue to consult the pharmacist about problems not necessarily associated with his BP and will utilise his pharmacy for all his health needs. This is satisfaction enough.

Results	Male		Female	
Total number in survey	29		24	
No on current BP therapy	7 (24.1%)		3 (12.5%)	
Smokers	4 (17.2%)		5 (20.8%)	
Non-returning for further monitoring	5 (17.2%)		0 (0%)	
Had recent BP taken by Dr	14 (48.3%)		11 (45.8%)	

	Male		Female	
	No current	Current	No current	Current
	therapy	therapy	therapy	therapy
Diastolic BP				
Below 90mm Hg	8 (27.6%)	2 (6.9%)	17 (70.8%)	1 (4.2%)
90-100mm Hg	5 (17.2%)	1 (3.4%)	2 (8.3%)	1 (4.2%)
Over 100mm Hg	9 (31.1%)	4 (13.8%)	2 (8.3%)	1 (4.2%)



**UTC**  
PRESENTS

# Beauty Collections

**All Star Cast includes:**

**INNOVATION**

**STYLE**

**EXCITEMENT**

**FAST SELL THROUGH**

**CREATIVE ADVERTISING**

and introducing for the first time in the U.K.

## FRAGRANCE FOR PROFIT

Based on an original idea by Hamilton Kaye (UK) Limited

**PRODUCER: Michael Partington    DIRECTOR: John Wrigley**

**SALES MANAGER: Brian Shackley**

**TERRITORY MANAGERS:**

**Debbie Evans  
John Haddow**

**Gary Williams  
Martine Jennings**

**Anne Dunworth  
Catherine Jones**

Appearing in YOUR Pharmacy **SOON!**



## Taking advice to the home

**Pharmacist Jacqui Parkin is looking at the influence a community pharmacist can have on education and compliance of patients with hypertension.**

Mrs Parkin is doing the project as part of an MSc in clinical pharmacy at Sunderland Polytechnic. She has completed one month of the study and plans to continue for another three. Here she describes her work so far.

The aims of the study are: (i) to improve patient understanding of hypertension; (ii) to improve medication compliance; (iii) to discuss factors which influence heart disease; (iv) to assess the incidence of side effects, and (v) to achieve a reduction in blood pressure.

Patients are identified from prescriptions taken to a pharmacy. Only patients in residential accommodation are excluded from the study. All other patients are accepted. Those who are willing to take part in the study are visited in their homes and their blood pressure is recorded using an electronic sphygmomanometer. Patient knowledge about their hypertension and the associated prescribed medication is assessed by questionnaire. Their compliance and the incidence of side effects is also assessed by questionnaire. The patients are then subjected to an education programme with verbal and written information.

Patients are assessed for their risk factors in heart disease, including family history, smoking, alcohol consumption, weight and personality. A score of over six leads to a recommendation of life-style changes. The patients are asked to return an anonymous letter giving their assessment of the counselling.

Many lessons have been learnt during this first month which have resulted in changes to the original protocol. It has been necessary to regard this month as a "pilot period". An initial pilot study is probably an essential part of an investigation involving an assessment of patient attitudes. No results are available yet but the problems encountered in the pilot study are discussed below as are the changes made to accommodate these problems.

**Recruiting patients** is very time-consuming. Checks must be made that the patient hasn't been approached already and



Aspects of pharmacists' counselling. Jacqui Parkin (this page) has measured patients' blood pressure in their homes while Dennis Ogle (below) takes measurements in the pharmacy (p1073); pictured with him is Rosemary Moffatt. Above, Sue Russell gives traditional OTC advice (p1066)

a full explanation of the study has to be given. Approximately 40 per cent of prescriptions for antihypertensive drugs in the pharmacy where the study is being done are not collected by the patients themselves. It is very tempting to recruit only those patients whom one knows to be approachable. Change made: recruitment of patients had to be switched from the pharmacy to direct contact by letter and phone.

**The questionnaire:** Although the questionnaire was carefully thought out, based on published work and tried out on colleagues, when used with patients it did not flow properly, contained questions which were on the wrong level (everyone could answer them or no one could) and omitted questions which should have been asked.

Change made: The questionnaire had to be redesigned.

**Retired proportion of patients:** 70 per cent of patients contacted in the pilot study were retired (two of the patients were over 90 and understandably, they felt disinterested in life-style education). Many of the retired patients did not want to learn about their treatment or condition. Discretion forbade telling pensioners about heart attacks, strokes, kidney damage, etc. Fear has been shown by other workers to be a negative force in compliance. Change made: The education programme and risk factor assessment was only used in full in the under-60s.

**Risk factor assessment:** Worked well with the under-60s and many scored under six in their assessment, ie they weren't overweight, didn't smoke, didn't drink more than 12 units of alcohol per week and took some exercise. Education about heart disease by the media and others is proving efficient.

Few of the patients of any age have any understanding of hypertension or its treatment. Education in this area is proving worthwhile and is provoking interesting discussion and questions. Change made: No rigid education programme is implemented. Instead the programme is linked to patients' needs and wishes.

One interesting side issue to emerge from the study has been the need to establish a better rapport between pharmacists and GPs. The doctors are agreeable to the study proceeding and are giving their support but if pharmacists are to promote not only the safe use of drugs but also their most effective use a more fluid forum for discussion must be created between the two professions.





# Medicines in a common market by 1992?

**A common market for pharmaceuticals, less Government intervention, and the necessity of responsible advertising were among the concerns of the 23rd annual meeting of The Proprietary Association of Europe, the AESGP, in Vienna last week. Over 250 delegates from 21 countries attended the meeting which took as its theme, "Responsibility for Health — The Individual's Right."**

The EEC, now comprising some 320 million inhabitants, is potentially the largest single market in the world. That potential will go unrealised by the pharmaceutical industry until we achieve completion of the internal market for medicinal and veterinary products, Mr Tom Garvey, a director of the EEC Commission, told delegates.

"The aim is to bring about conditions where a single formulation can be sold throughout the whole market. If we could do this, then the market would be a lot more competitive than it is today", he said.

An essential objective of the EEC was the establishment of a common market involving the free movement of goods, of persons, of services and of capital, the maintenance of fair competition and the co-ordination of national economic policies, said Mr Garvey. In particular the free movement of goods should not be hindered by tariff or non-tariff barriers. Where disparities between national legislation concerning the health and safety of citizens creates obstacles to trade, these must be eliminated by harmonisation of legislation into common rules applicable throughout the Community. Where health and safety considerations are not involved, there must be mutual recognition of national laws and regulations, he said.

## Harmonisation

In the pharmaceutical sector, considerable progress had been made towards the harmonisation of procedures for registering medicinal products.

The objective was to secure a genuine internal market in all sectors by 1992, and this would become a treaty obligation on member states with the ratification of a single European Act.

"The pharmaceutical sector will be no exception. During 1989 the Commission is to present proposals for a final definitive system for the free movement of medicinal products," he said.

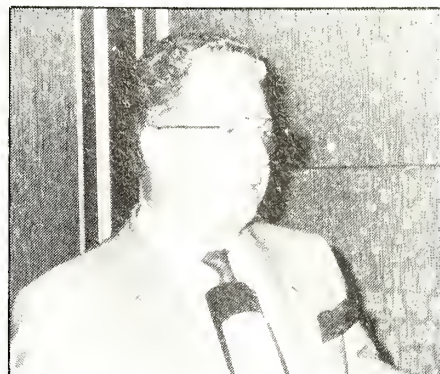
Mr Garvey thought the choice of 1992

as a target date for the completion of the internal market was certainly ambitious. "A great deal will depend on the willingness of the member states to move forward. However, the industry itself also has an important role to play in demonstrating its commitment to the internal market by making maximum use of the new community drug registration procedures."

The current state of community legislation provides that individual member states alone are responsible for deciding whether to grant or refuse a marketing authorisation, in accordance with Community law, said Mr Garvey. But despite extensive harmonisation of pharmaceutical legislation over twenty years, differences in the decisions taken by the national authorities responsible for drug marketing were apparent. In order to reduce these differences, two committees had been set up — one in 1977, the Committee for Proprietary Medicinal Products (CPMP), which is responsible for medicines for human use, and in 1983, the Committee for Veterinary Medicinal Products (CVMP). "Member states or the Commission can apply to these committees for advisory opinions on particular medicinal products."

However, the fundamental problem to be dealt with was the application of Community criteria and the evaluation of the benefit/risk ratio of individual drugs, he said. At present, this is done by each member state resulting in conflicting decisions on the marketing of drugs in the Community. "The duplication of effort and waste of scientific resources is no longer acceptable, and it is vital that we move towards a system where a single scientific assessment is made which will be valid throughout the whole Community — a Community registration procedure," he told delegates.

Manufacturers now have two Community-Level drug registration procedures available. "The first procedure is a decentralised procedure, which is



Tom Garvey updated delegates on completion of an internal market for medicines.

open to any person who is authorised to market a medicinal product in a member state. It involves the extension of that authorisation to cover at least two or more of the other member states, and it has replaced the CPMP," said Mr Garvey.

The second procedure is for biotechnology and other high-technology medicines, and involves an examination of an application at Community level at the same time as the application is considered at national level, Tom Garvey said.

## Extended patent

High technology medicinal products which have followed the new procedure would benefit from a certain form of market exclusivity for a period of ten years running from the date of the first authorisation to market the product within the Community, he added. "This ten year period may in certain cases extend the protection offered by patent."

From experience acquired with these procedures the Commission would propose before 1990 the most appropriate procedures for the free movement of medicines in the Community.

On the subject of price controls, and limitation on the Social Security reimbursement of pharmaceuticals, Mr Garvey said the Commission had taken its first legislative initiative in December 1986, with a proposal to the European Council. "The objective of the proposal is to ensure that any national measure to control the price of pharmaceuticals, and the profits of manufacturers of the range of products covered by the health insurance system, is operated in a fair and transparent manner."

The Commission had also proposed that the Community should take part more fully in the activities of European Pharmacopoeia to avoid duplication of technical work, Mr Garvey said.

Looking beyond the short-term legislative programme, the White Paper on the internal market envisages two important proposals for 1990, said Mr Garvey; the harmonisation of conditions of delivery of medicines to patients, and the harmonisation of the scientific and technical information given to doctors

*Continued on p1078*



# AESGP VIENNA CONFERENCE



Rapt attention or deep in prayer? British delegates Mr C.M. Wood (Richardson-Vicks) (left) and Mr D. Nelson (Care Laboratories).

*Continued from p1077*

about medicines and the user information given to patients.

A number of provisions of Community law already have an impact on publicity for medicinal products, he continued. Since November 1985, member states had been required to approve a detailed summary of product characteristics for each new product authorised by them. This product summary provided a simple means for the member states to supervise pharmaceutical advertising in accordance

with a Council Directive on misleading advertising which entered into force on October 1, 1986.

"At first these product summaries will only be required for new products, but by 1990 the member states must have established them for all medicinal products on the national market. And, by the same date, member states must have completed the review of old medicines which were first marketed before the enactment of the relevant directives," Mr Garvey said.

The crucial factor in determining the application of national rules on publicity for medicines was whether the product was on sale to the general public or whether it was prescription only, said Mr Garvey. There were considerable differences in the rules of the member states, and in the opinion of the Commission, it would only be possible to begin harmonisation of these various provisions after the completion of the review process and once adequate technical and scientific data was available in a comparable form. So far the Commission has no official view on the proper scope of self-medication, he said.

The Council had also requested the Commission and the member states to study the use and content of the consumer information leaflets, which accompany proprietary medicinal products. The aim was to: satisfy the consumer's wish to be properly informed, and encourage the safe and appropriate use of medicinal products, said Mr Garvey.

In conclusion, Mr Garvey said that the relationship between the AESGP and the EEC Commission was good. But for the future, it could be closer, as the Commission focussed on areas more relevant to the industry.

## Say Cheese...

This new range of SIRIUS cameras will make you and your customers smile!



SIRIUS cameras are now available from David Anthony Pharmaceuticals, retailing from £9.99 to £29.99 with a great deal in it for you. For further details contact your agent or direct from:-

David  
Anthony  
Pharmaceuticals

Spindus Road Speke Hall Industrial Estate  
Liverpool L24 1YA Telephone: 051-486 7117  
Telex: 629846 Hermes G Fax: 051-486 5955





## A time and a place to inform the consumer

**Labels are to instruct, advertisements are to sell, and the misguided efforts of consumer groups or government regulators should not be allowed to confuse the two, said Mr Jack Markley, president of Richardson Vicks Europe, and newly-elected president of the AESGP.**

Advertisements are not intended to give instructions for use or warnings, but this does not mean they cannot be informative or educational as well, he said in a presentation on the industry's contribution to consumer information and self-medication.

"It is the function of labels to instruct, and a label that doesn't say clearly what it is and what it is for; who it's for, and who it's from; how much to take and how to take it; when to take it and when not, is not a complete label," said Mr Markley.

"In fact, it is not doing the minimum required by common sense, the minimum required by membership in the European Proprietary Association, and the minimum required by most national laws.

"And let me add a plea for labelling on behalf of the millions of consumers in Europe who did not graduate from the Grandes Ecoles of France or Oxford University. Let us use simple language in our label terminology. Let us even use pictures to give instructions when we can. Let us not use research and development scientists and lawyers alone to write the labels."

In a recent survey in Germany 40 per cent of consumers found words or phrases in OTC medicine labelling they could not understand, he said.

Advertisements and labels provide the information required by regulatory bodies

or consumer groups, said Mr Markley. However, there was a second category of information — that which the industry gives which is not obligatory. "The enlightened and progressive companies in our industry have found many ways to communicate useful information to consumers, simply because it is a great opportunity to serve them better," he said.

Examples included educational consumer material, pharmacists educational materials, free telephone services, medical contact instructions for misuse, labelling of inactive ingredients, and labelling of what the product does not contain, he said.

The question of mandatory in-pack leaflets had caused "sub-crisis rumblings" in the industry said Mr Markley, but whatever decisions were reached, he asked that the following points be considered carefully. Such leaflets can be useful in giving a fuller description of the ailment and its treatment; essential product use information must be fixed on the primary container and stay with it; and leaflets, like outer cartons, will get discarded and lost. The practical issues of placing a leaflet with uncartoned product, the cost of leaflet insertion, the potential confusion of duplicate instructions, and the occasional criticism about over-packaging of consumer products are also of concern, he said.

In his personal opinion Jack Markley believed in-pack leaflets to be like bikini tops — "nice but not mandatory."

He described the industry's responsibility in consumer information as a significant one. "We will determine how OTC medicine information is controlled. We may not decide on the specific controls, the advertising and labelling regulations; but we will create the conditions for such controls by how we make and promote our products. In that sense, we will determine the controls on drug information.

"Today we do not suffer from a lack of information. The printed matter, broadcast material, and computer data bases available to us are greater than ever. Fortunately, man's ability to sort out what he needs is also greater today. We in the OTC medicine industry have an opportunity to serve our consumers better by carefully selecting information they need to know about our products, and presenting it to them correctly. We serve our consumers best when we give them that information in the right place at the right time."



WHO study consultant. Professor Beske

## Europe favours self-health

**Health professionals in Europe are not giving enough priority to education of the public in self-medication, said Professor Fritz Beske, from Germany.**

Doctors have not made full use of opportunities to educate patients in self-health care, particularly in the selection and use of non-prescribed medicines, he said. Professional education for pharmacists, and nurses as well lacked emphasis in this area. "These subjects receive scant attention in health curricula, and are hardly mentioned in continuing education", said Professor Beske.

Professor Beske was reporting on the preliminary conclusions of a World Health Organisation study on self-medication in Europe. Data from 31 countries indicated that the use of non-prescribed medicines is seen as a popular and credible health resource by consumers. In all participating countries there was widespread use of non-prescription medicines with commensurate Government interest in ensuring the safety and quality of these products through statutory and voluntary measures, in co-operation with manufacturers and distributors, he said.

With the growth of consumer movements, and with health education leading to healthier life styles, self-medication education will be of particular public interest, Professor Beske said.

"As most non-prescribed medicines are bought in pharmacies, the pharmacist is in a position to give advice. In order to prepare pharmacists for their educational role, their training in several European countries has undergone substantial changes, but more must be done to strengthen that role."

The study had shown that the most interesting variation among countries was the range of active ingredients available for inclusion in non-prescription medicines. This had led to an uneven picture of what active ingredients can be

*Continued on p1080*



**Jack Markley: "in-pack leaflets are like bikini tops . . ."**

*Chemist & Druggist 30 May 1987*



## Strong medicine for the FDR

A radical cure for the "sick" health system in Germany was put forward by Professor Peter Oberender, of the University of Bayreuth.

Too many doctors, too many pharmacists, and overuse of drugs resulting in large amounts of pharmaceutical waste had caused an explosion of costs.

"An individual thinks he has an obligatory right to free healthcare. He tries to get as much as possible out of the system, and now we do not have sufficient funds to cope", he told delegates.

Professor Oberender believes that consumers should take on greater responsibility for their own healthcare, and this could be achieved by "decentralisation". For example, he wanted more deregulation of prescription only medicines. Only those drugs which present a "real danger" to the public

should be prescription only, he argued.

Professor Oberender also wanted medicines to be available through outlets other than pharmacies; a removal of the prohibition on foreign ownership of pharmacies, and legislation allowing pharmacists to own more than one pharmacy or drug store. Such moves would encourage more self-medication with all its advantages, he said. He wanted to see it accounting for between 60-70 per cent of drug use in Germany. "It would relieve the burden on doctors and health insurance schemes, and promote health consciousness."

But there were limits to the extent to which self-medication could be practised, said Professor Oberender — not all sectors of the community were capable of practising it properly and safely. "Pharmacists, manufacturers, doctors, and health authorities must therefore work together to inform and educate consumers," he said.

"We must try to increase the individual's responsibility for his health and for the consequences, by creating incentives for behaviour that is socially and economically acceptable. We must penalise behaviour that is not."

*Continued from p1079*

used without prescription, how these products are made available, and what professional and public education is associated with their use, he said.

Extreme differences in the amount of social research in different countries was also highlighted by the report. "Self-medication is a dynamic complex of behaviours and attitudes that require frequent monitoring for regulatory development. This argues for long term studies of lay self-medication practices and their consequences."

Professor Beske said the study had established the fact of self-medication in Europe. "Self-medication is a reality, and

it is of growing importance, and this reality has been demonstrated by the combined effort of AESGP and WHO. The interest of WHO in self-care and self-medication is also growing. It might already be as a result of this study that the European Office of WHO published its "WHO-Guidelines for the Assessment of Medicinal Products for Use in Self-Medication", he said.

"As public demand for self-medication increases, as the safety and efficacy of low-dose active ingredients are proven, and as governments take cost saving into account, self-medication policies must now be considered on a European basis," Professor Beske concluded.



PAGB PR executive, Gopa Mitra

## UK's OTC contribution

Self-medication is the single largest component of health-care in the UK, according to the findings of the Proprietary Association of Great Britain's study.

And on a comparative cost basis, a visit to the doctor which resulted in a single item dispensed on prescription, cost on average £10. An OTC product for a minor ailment costs around £1.20, Mrs Gopa Mitra, PAGB's public relations executive, told the conference.

Mrs Mitra was taking part in a round-table discussion on consumer behaviour and trends in self-care, with representatives from Italy, Greece, Switzerland and Germany. The PAGB findings showed that people can make responsible decisions about when they can safely treat themselves, and when they need treatment, Mrs Mitra said. "In fact they are very cautious about what medicines they do use."

For the future, both Government and manufacturers must explore areas for self-medication expansion, said Mrs Mitra. In particular there was a need to review the parameters for deciding what conditions could be treated safely by consumers themselves without a visit to the doctor, she said.

## "Eesiness"

**SURGICAL ELASTIC HOSIERY BELTS — TRUSSES**

- TWO-WAY STRETCH ELASTIC YARN
- FLATBED KNIT & CIRCULAR KNIT
- NYLON LIGHTWEIGHT STOCKINGS
- NYFINE LIGHTWEIGHT TIGHTS
- SEAMLESS ONE-WAY STRETCH
- NYLON NET

Stock Sizes or Made-to-Measure

Obtainable direct or through your wholesaler Write for literature

Stock Belts (Abdominal and Spinal) - Elastic Band Trusses - Jock Straps  
Suspensory Bandages - Athletic Slips - Stockinette Bandages

**E. SALLIS LTD.**

Vernon Works, Beeston, Nottingham  
Phone: 787841/2 Grams: Eesiness

## THE TRIANGLE TRUST

The Triangle Trust 1949 fund is an independent charitable trust administered by a Board of Trustees. Its primary aim is the relief of hardship or distress in the case of people and their dependents employed or formerly employed in the pharmaceutical industry in Great Britain. Such relief may include assistance with educational expenses.

The Trustees will also consider on their merits any applications for assistance beyond the scope of an employer's responsibilities, concerning education or training at recognised centres of study for general or special subjects.

For additional information,

or to apply for assistance, write to:-

The Secretary Dept CD

**THE TRIANGLE TRUST 1949 FUND**

Clarges House, 6-12 Clarges Street

London W1Y 8DH



## Party piece on rural GPs

The first part of the Brunel Survey commissioned by the Rural Pharmacists Association has been completed as a draft by Professor Marsland, with the title "Pharmacists and Doctors" (see also RPA annual conference report *C&D*, November 22, p904). The preliminary survey, which examined the ability of rural pharmacies and dispensing doctor practices to meet the needs of the community, was published by *C&D*. The new survey will shortly be published by the Brunel Institute of Organisation and Social Studies. I wish to comment on the document, because I believe the content will have some influence on the current hustings.

The three contending political parties are agreed that the NHS should be a high, if not the highest priority for the future Government, but not all have demonstrated their ability to fund this service without serious deprivation of funds for other urgent needs. Increasing revenue by direct and indirect taxation has been shown to depress the economy. And "internal markets", merely enable district health authorities to circulate monies already paid for by taxation, apart from increasing transport costs ferrying patients from congested and under-funded urban areas to less populous rural shires.

A section of Professor Marsland's document deals with profit maximisation by rural family doctors. This survey has established statistical relationships between the practice of doctor dispensing in rural areas and the demographic features of these areas.

Doctor dispensing is legitimised by the legal instrument known as the Clothier legislation, which has operated for four years. Information from the price lists of pharmaceutical manufacturers, and the doctor's NHS contract for supplying goods and services, demonstrates that the £75m saved by the introduction of the limited list of prescribable medicines has been largely, if not totally, dissipated by the uncovenanted profits from over 3,000 dispensing doctors. This sum is likely to be further increased by complete lack of contractual obligation for all doctors to limit their prescribing to quantities of medicines sufficient for seven to 28 days per prescription, depending on the severity or chronicity of the illness treated. The present bill for medicines is in excess of £1.5 billion. Recent dump campaigns have demonstrated that the amount of unused medicines in homes may equal at least 1 per cent, possibly 10 per cent of this

sum.

From these data it is estimated that separation of prescribing from dispensing income, with strict contractual control of these functions, can save £100m, or more, for the NHS hospitals. Doctors will resist this with grandiloquently phrased statements about "freedom to prescribe" and a "Doctor's charter" to dispense. The validity of their pronouncements should be challenged at the earliest opportunity. The mechanism for this exists in legislation controlling restrictive practice.

Pharmacists were first scrutinised by the Restrictive Practices Tribunal in 1958. They have greatly improved their educational standards and quality of service since then. To apply the same legal process to doctors will have two effects: the saving of public money, and the liberation of pharmacists, nurses and other health workers to implement the Green Paper on the Family Practitioner Services as professionals in their own right, no longer dominated by the medical profession.

**Keith Jenkins**

Wendover, Bucks

## Quality control in generics

Xrayser's alarming disclosures in your May 9 issue saddens me greatly, because it vividly illustrates the sheer ineffectiveness of the Medicines Act legislation. The cowboys flourish even more while many of the best small manufacturing firms have long since sunk beneath the waves.

For a general practice pharmacist to find such travesties of good quality control among his purchases of generics surely proves the charade of the whole licensing system with its costly bureaucracy.

The Medicines Department at the DHSS is now deeply involved in assessing the merits of herbal medicines which form a minute part of the medicines market. Yet it cannot enforce an acceptable standard for generics which are now a substantial part of that market.

*Continued on p1082*

## One of the best known names in pharmaceutical contract manufacturing

Regent Laboratories Ltd. at its works in Park Royal, London has extensive contract manufacturing facilities available, covering most non-sterile solid and liquid dosage forms.

Amongst the products regularly manufactured are plain, sugar and film-coated tablets, hard capsules, powders, liquids and suspensions, ointments, creams and toothpastes. Regent have a dedicated unit for beta-lactum antibiotics and has specialised facilities for the manufacture of products containing high potency oestrogens, progestogens and anti-cancer agents. The company can provide a total contract service with all normal packaging services.

### For full details contact

Regent Laboratories Ltd.,  
Cunard Road, London NW10 6PN.  
Telephone: 01-965 3637  
Telex: 926077 Reglab G  
Fax: 01-965 4453



Continued from p1081

A new Government needs to look at the Medicines Act closely. Clear priorities need to be set, much more needs to be left in the hands of the professionals especially pharmacists. Surely, now that we have the Consumer Protection Act with product and professional liability on the line, many side issues, particularly those associated with natural medicines, could be readily discarded.

**Dr R.J. Woodward**  
Director, Larkhall Laboratories

## Not quite in the bag, Infochem!

Yet another wonderful "new" baby sampling bag is proposed by a firm called Infochem (*C&D* May 9 p864). Their Mr Forgham states that his research shows that "post natal" sampling is a waste of time.

I am sure that would be disputed by the baby care manufacturers who distribute their samples to 660,000 different new mothers each year in the Bounty Bag. Of these, 375,000 go on to claim their own Bounty weaning pack.

Mothers do buy many items of baby care equipment during late pregnancy — that's why the Bounty mother-to-be pack exists. Nappies, toiletries, cots and bedding, pushchairs, clothes etc. are all significant — but they do not stock up on baby food and antiseptic.

As far as extra retail trade arising from the "visibly pregnant" claimants of the planned 380,000 bags a year are concerned, I shouldn't think that this hoped-for average of just over one new mum bag per week will cause much excitement in the participating 7,000 pharmacies — especially since the effect could be further dissipated by multiple claiming from different outlets. The manufacturers who might try this service would have to supply many more product samples than the target 380,000, otherwise chemists' out of stock situations must occur all over the place.

Product sampling is an effective marketing and business building activity, but only if it is precise in its targeting and timing, with substantial coverage, and accountable systems to prevent wastage and duplication. Bounty's thirty years of expertise in this shouldn't be so lightly discounted by enthusiastic newcomers, as a long line of similarly halfbaked schemes has shown.

**S.S. Stewart**  
Chairman, Bounty Services Ltd

## Unichem make tax claim on behalf of members

**Unichem are pursuing a claim with the Inland Revenue which, if successful, could mean they will be exempt from paying corporation tax. And any money recovered will be distributed to members, the company says.**

The move was announced by chairman David Mair at the wholesaler's annual meeting last week. Unichem set aside £2m for corporation tax in last year's accounts. It was the first time the company had been liable.

The possibility of a claim to rescind payment was pointed out by accountants, and confirmed by legal counsel. "Their assessment of our chances of success were encouraging," said Mr Mair. "It is likely to take some time for the case to be decided, and indeed it may have to be determined in the courts."

Unichem's claim is not enshrined in any legislation, but based on case law and the fact that it is a friendly society. The

precedents so established means there are strong areas of mutuality, says managing director Peter Dodd.

He accepts that the cases on record are nowhere near the magnitude of Unichem's claim, which may take two years to resolve. However, notice of Unichem's intentions has been sent to the Revenue.

Unichem's bill for corporation tax next year is likely to be higher than this year's £2m, so the amount of money "liberated" could be considerable by the time the case is decided.

"If Unichem are successful we should be able to distribute a large sum to our members and, as with Uni-bond, would seek to do it in such a way that it could not be 'clawed back' by the DHSS," said Mr Mair.

Unichem has considerably increased its assistance to independent pharmacists, Mr Mair said in his chairman's statement. Its loans and guarantees department has, since its inception finalised agreements on deals worth £58.5m.

## Connecting?

**Barclays appear to be reaching agreement with some retailers over their controversial Connect debit card.**

A spokesman told *C&D* on Tuesday that negotiations were proceeding with a number of retailers and Barclays are "very optimistic" about the outcome, although he could not disclose with whom acceptable price agreements had been reached.

The Connect card, to be launched this

Wednesday, would replace the cheque as payment over the counter, but the Retail Consortium objected to a proposed merchant charge on transactions. Tesco and Dixons are among the retailers currently negotiating over the fee but Boots are still not prepared to accept the card.

**Macarthy Medical** are extending their delivery service to cover the Plymouth area on a daily basis. This follows the recent extension of the service to Dundee and Stirlingshire from Glasgow and to North Staffordshire and Cheshire from Redditch.



DDD Ltd's managing director Michael Ellis (left) looks on as chairman Mrs Y.J. Halsby, daughter-in-law of founder Joseph Halsby, unveils a plaque to commemorate the 75th anniversary of the founding of the company. Her son Nigel, DDD's marketing director, is by her side. Mr Ellis said the recent expansion of the company has only been possible because of the wholehearted support of the family



## 'Safeway 1990' plan for growth

**Argyll Group have announced there will be over 350 Safeway stores in Britain by 1990 — possibly involving an increase in their pharmacy services.**

In the year of Argyll's £681m acquisition (*C&D*, Jan 31, p174) a 40 per cent increase in profit to £43.8m for 1986, and Safeways 25th anniversary, work has been underway on 160 Presto outlets planned for conversion and the 20-25 stores Argyll plan to open annually. The scheme "Safeway 1990" will involve

creation of up to 18,000 jobs locally, plus recruitment of up to 400 management personnel, says the company.

The 30 Safeway pharmacies have already grown, with the recently opened one in St Annes; the Colwyn Bay in-store pharmacy opens on Tuesday. But no firm numbers could be given about other new pharmacies as part of the scheme. "Safeway will continue to open pharmacies wherever customer demand shows it to be desirable," a spokesman told *C&D*.

"The effect of the NHS (Amendment) Act on our plans is an unknown quantity. Whatever the outcome, the need to recruit pharmacy managers is no less important than the scheme on the whole retail trade," he said.

## Major moves at Xenova

**Xenova have received £1.5m worth of investment, are moving to new offices and research laboratories in Slough, and are expanding their staff.**

The UK pharmaceutical R&D company, founded last year, received investment from both British and European

institutions. They have made several new appointments: Jon Moulton and Joseph Frye join the Board, Clive Crooks and Louis Nisbet are appointed managing and research and development directors, and Alexander Korda is appointed chairman. The company says it plans to hire 30 scientists over the next year, and a further 70 in the next four years.

Xenova is now based at a new 17,000 sq ft base in Slough, fully fitted as a biotechnology R&D facility, where they will carry out new and existing programmes.

## Call to all to stop 'free-for-all'

**The National Chamber of Trade is urging members to lobby their MPs on the effects of a Sunday trading free-for-all.**

"If a Sunday trading free-for-all comes about because not enough new MPs were influenced by traders within their constituencies it will be too late to undo the harm that is done," says the NCT.

A campaign of lobbying MPs is being organised by the Keep Sunday Special Campaign in association with NCT.

The National Chamber of Trade is also circulating its 200,000 members with a list of questions to put to their parliamentary candidates including the following:- What are your views on the increase in out-of-town shopping centres? Would you support a national planning strategy aimed at preserving the best in Britain's High Streets and protecting the public and private investment that has been injected into existing town centres recently? Do you agree that controlling inflation should be a prime economic objective of the Government?

Would you support measures to give tax relief to proprietors of businesses, both corporate and unincorporated, in respect of fixed investment by them in their businesses?

Would you support retention of the present system of VAT, including the provision of only one positive rate and a zero rate on sensitive items such as food and children's clothing/footwear? Business is the major contributor towards local government finance, yet has no say in the way the money is spent. How would you overcome the injustice of "taxation without representation"?

Do you support the last Government's proposals for a Community Charge (a poll tax) and a Uniform Business Rate. Would not the cost of collecting the Charge be prohibitive to its yield and a Uniform Business Rate become another major Budget revenue raiser.

Do you agree that businesses which suffer loss as a result of roadworks by authorities like electric, gas, telephones, etc should be entitled to compensation as of right?

Would you support the idea of making solvent abuse a criminal offence? Would you agree the law is unfair in making traders bear the entire responsibility for preventing solvent abuse?



The 120 millionth roll of Kodacolor Gold film recently rolled off the production line at Kodak's Harrow factory. That much film unspooled and laid end to end would stretch half way to the moon or wrap around the Earth more than ten times, the company says

## Mark of dispute

**A patents action by Kirby-Warrick Pharmaceuticals against Sauflon Pharmaceuticals, over the product marketed under the trade mark Aerotabs, will be heard in the High Court towards the end of June.**

On Friday, Mr Justice Falconer approved arrangements for the exchange of evidence in the action. Kirby-Warrick is seeking an injunction against Sauflon and an order for disclosure of suppliers' names.

## Boots' big spend

**Boots are carrying out a remodelling programme worth nearly £2m in 12 of their stores.**

Fairclough Building, who have already worked on 24 of Boots' branches, are to fit out new foodcentres, optical services, cookshops and sound and vision departments. Scheduled completion is next April.

Astra, the Swedish pharmaceuticals group, will soon be open to foreign investors. The company is planning to issue class B "free" shares which, unlike others, are open to foreign investors and could mean increased foreign control of votes and capital.

Ciba-Geigy have made a US\$200m plus offer for Spectra-Physics, a company specialising in making lasers.

According to a report in the *Financial Times* on Wednesday, Ciba-Geigy own 18.8 per cent of Spectra-Physics and have offered to pay US\$32 a share cash for the shares they do not own.



## Cosmetics . . . looking good

**John Barker of Colgate Palmolive was re-elected chairman of the Cosmetic Toiletry & Perfumery Association last week.**

Former vice-chairman Stuart Hudson had not been able to assume his position again, and so John Barker agreed to continue in post with former chairman Cyril Ashley of L'Oreal, who agreed to take on the vice-chairman role.

Mr Barker said the cosmetic industry could be proud of its contribution to the balance of payments of £193m, made up of £433m in exports versus imports of just £239m. He said that in many months the industry's annual surplus matched the national trade deficit.

And the control and safety record of the cosmetic industry was second to none, Mr Barker concluded.

## Maximum money?

**The Equitable Life are introducing a Maximum Investment Plan which they say maximises the investment element.**

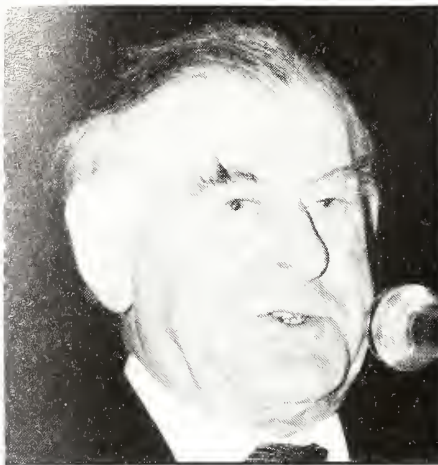
The scheme, which involves a team of financial experts, is designed for those who want to invest regularly but do not have the knowledge or time to do so continually. It provides the minimum level of life assurance cover, so maximising the investment of premiums, says the company, which offers 11 internal funds for investment.

## Ares-Serono hold onto more

Ares-Serono SA, a new holding company formed in Switzerland, has acquired, in an exchange of shares, the entire share capital of Ares-Serono International Holding SA, Luxembourg, until now the reporting company for the Ares-Serono world-wide pharmaceutical and diagnostic.

As a result, the listing of the shares of International Holding SA in Luxembourg will be discontinued. Ares-Serono SA is planning a capital increase and public share offering internationally.

The Ares-Serono Group reported record results for the first quarter of 1987 with sales rising 36 per cent.



Chairman of the Advertising Standards Authority, Lord McGregor of Durris, reminded guests at the CTPA annual dinner that freedom of expression in advertisements and freedom of the Press were complementary. In a democratic society you could not have one without the other, he suggested, like it or not. The self regulation practised by the Authority and the Press Council were more effective than legislation, Lord McGregor said, and, of the two, the ASA was the most effective body in keeping its house in order.

## Rock-on

**Rockware Group announced a successful year and a £10m investment plan at their AGM this month.**

Group chairman Sir Peter Parker said at the meeting "This year will see a transformation for we are vigorously expanding the company's position. We are putting an additional £10m into plastics and glass."

## Health care and drug information

**The National Drug Information Conference for Information Pharmacists will take place on September 24-25 at Nottingham University.**

The theme is "Drug information and primary health care," and additional workshops are planned on in-house micro-computers, and assessing performance in drug information. Details and application forms are available from Peter Golightly, Trent Regional Drug Information Centre, Leicester Royal Infirmary, Leicester.

*Tuesday, June 2*

Wolverhampton Local Pharmaceutical Committee and Community Health Council, evening for

## Sunshine in-store

**The sun brought out the shoppers in April, Britain's retailers have reported, with the Easter break adding to higher sales in April.**

But sales still didn't go up as much as shopkeepers had expected, according to the latest CBI/FT distributive trades survey, though better trade is expected in May.

Out of the 315 retailers questioned, 65 per cent were looking forward to higher sales this May than in May 1986.

Wholesalers did particularly well in April, says the survey: 73 per cent of the 192 asked, reported sales above April 1986 levels. But they foresee slightly slower growth for May.

## IGG's new chain letters

**IGG Industries latest innovation is a communication service designed for multi-branch retailers.**

By subscribing to a group teletext service, messages can be relayed to an unlimited number of locations with aerials and teletext decoders. Costing about £500 per store, with one charge of £0.37 per 1000 characters for the message, it enables information to reach a chain of stores simultaneously.

## COMING EVENTS

Pharmacy counter staff, 6.30pm, South Staffs Medical Centre, New Cross Hospital, Wolverhampton. Topics include "Dealing with patients symptoms", and "The Counter Assistants View". Details from Alison Morley, Pharmacy Department, Aston University, Birmingham B4 7ET.

### *Advance information*

**Legal Studies and Services Ltd.** one-day seminar, June 11, at the Metropole Hotel, Brighton, on "The Perception Measurement and Management of Therapeutic Risk". Details from Jackie Lee, tel 01-236 4080.

**Scan-tech UK '87.** June 23-25, Birmingham Metropole Hotel, National Exhibition Centre, Birmingham. Details from AIM UK, The Old Vicarage, Haley Hill, Halifax HX3 6DR.

**Relaxant Factors** — their significance in cardiovascular and airway disease, international seminar, July 3. London. Details from Penny Robinson, 01-236 4080.

**Education, Training and Personnel Development Exhibition.** July 7-9, the National Exhibition Centre, Birmingham.



# CHEMIST & DRUGGIST CLASSIFIED

Post to Classified Advertisements, Chemist & Druggist  
Benn Publications, Sovereign Way, Tonbridge, Kent TN19 1RW.  
Telephone Tonbridge (0732) 364422. Telex 95132.

**Ring Mike Gould Ext 476 for further information**

**Publication date** Every Saturday

**Headings** All advertisements appear under appropriate headings.

**Copy date** 4pm Tuesday prior to publication date.

**Cancellation deadline** 5pm Monday prior to publication date.

**Display/Semi Display** £14.70 per single column centimetre,  
min 30mm Column width 42mm.

**Whole Page** £1470.00 (250mm x 180mm) **Half Page** £735.00  
(125mm x 180mm) **Quarter Page** £367.50 (125mm x 88mm)

**Box Numbers** £3.00 extra Available on request.

All rates subject to standard VAT.

## APPOINTMENTS

### SALES & MARKETING

## Trade Marketing Manager

**£19,000 plus car**

Here is another company whose main product can be described as reaching the parts that its competitors cannot reach! The range is distributed to the trade, as well as through pharmacies and drug outlets, with particular attention paid to the major multiples. As a result, candidates should have a thorough knowledge of the grocery trade, together with experience of sales promotion techniques. Previous experience of trade marketing is preferable, but not essential. Aged 28 to 35. Home Counties. CD03

This is one of a number of attractive career opportunities that we are currently handling.  
Call Ann Rodrigues to discuss your requirements and find out more on 01-930 5161.

### Lloyd Marketing Selection

Alhambra House, 27-31 Charing Cross Road, London WC2H 0AU. Tel: 01-930 5161  
**The Lloyd Group**

#### Sales Executive

Toiletries Berks/Hants/Sussex £13K + Car

#### Sales Executive

Chemist Suffolk/Norfolk/Essex £11K + Car

#### Sales Executive

Chemist Herts/North London £11K + Car

#### Area Sales Manager

Cosmetics Middx/West London £16K + Car

**Sales Contact TERRY READ or DAVID CARROLL**  
**LONDON EXECUTIVE ON 01-580 9213**

### GROUP PRODUCT MANAGER —

**TOILETRIES c £18,000 + Car**

If you are looking for career progression this is the ideal move from your present product management position. A thinker, in your late 20s you will need 2-3 years marketing experience with a recognised F.M.C.G. company. Ref: MJ434

Please send C.V. or ring John Hall  
**ACRON MANAGEMENT SELECTION**  
**3-6 THE COLONNADE, HIGH STREET,**  
**MAIDENHEAD, BERKS SL6 1QL.**  
**TELEPHONE: 0628 37444**

### PRODUCT MANAGER

**£14,500 + car Household Goods**

Tremendous opportunity to further develop your marketing skills and help spearhead an exciting expansion programme. This offers responsibility for a diverse range of products well supported by TV, PR and promotion. Graduate, with c.18 months consumer marketing or possibly buying experience. London. K/196.

### ASSISTANT BRAND MANAGER

**c.£9-11,500 Toiletries**

This Company represents a classic FMCG training ground for ambitious graduates with c.12 months commercial experience. Don't apply unless you are a clear, original thinker with an outstanding (and likeable) personality. North. S/197.

*Please phone (or write to) Sue Keen quoting Ref*  
**IPG Sales & Marketing Interface Ltd,**  
**26-28 Gt Portland St, London W1N 4AD.**  
**Tel: 01-631 3780 (24 hours).**



## Appointments

SOUTH EAST KENT HEALTH AUTHORITY  
Royal Victoria Hospital, Folkestone

### PHARMACY TECHNICIAN (FULL OR PART TIME)

Required for this small but busy Hospital, duties will include dispensing for In and Out-Patients, providing a ward top-up service and some small scale manufacturing and aseptic work.

This job involves plenty of contact with patients and other hospital staff, so an ability to get on well with people is essential.

Hours of Duty: 37 per week Monday-Friday.

Salary: £4,994-£6,493

For further details please contact Mr Alan Smith, Staffing Pharmacist, on Folkestone (0303) 57311 ext 1232

Application form and job description available from Mrs J Cain, Personnel Officer on ext 1295.

Closing date for applications: Friday 12th June 1987.

## Agents

**VITALINK**

### URGENT

AGENTS WANTED FOR ALL AREAS  
To call on retail Chemists to promote new product totally without competition.

### GOOD COMMISSION

Please apply: stating area to be covered to:

**TRIDENT PHARMACEUTICALS LIMITED,**  
137 Malling Street, Lewes,  
East Sussex BN7 2RB.  
Telephone: (0273) 471844

### WHOLESALE/AGENT

Wishing to carry fast selling fashion hair ornaments contact:

alpa

at Norchem, Stand 2A

or 6 Coppen Road, Dagenham, Essex  
RM8 1HJ.

Tel: 01-595 7836

## Agents

### URGENT Agents wanted for all areas

to call on Retail Chemists to promote new product.

Please apply, stating area to be covered, to:

### SOMEONE SPECIAL

1/7 Church Street,

Edmonton,

London N9 9DR

Telephone: 01-884 0680

## Business Opportunities

### GOOD O.T.C. MEDICINES CAN DIE OF NEGLECT

Products needing the support of a dedicated chemist sales team and the back-up of an experienced marketing department, are required by a national company who are willing to either acquire or sell under licence.

If your company has a licenced "P or G.S.L." brand that would benefit from this kind of support, our client wants to speak to you.

Write in first instance to:

### The Product Bureau

Kestrel Marketing and Promotions  
Limited,

216 Chester Road, Helsby,  
Cheshire WA6 0AW.

All replies treated confidentially



Professional Prescription  
Computer Labelling

**John Richardson  
Computers Ltd**



**No1**

In Pharmacy Labelling —  
see us on

**Stand 11**

at NORCHEM  
14th and 15th June 1987

**10% Discount to all NPA members**

FREEPOST, Preston PR5 6BR Telephone: (0772) 323763

**Business  
Opportunities**

**PARALLEL  
IMPORTS**  
PROFESSIONAL  
CONTRACT  
LABELLING AND  
QUALITY  
ASSURANCE  
SERVICE.

For full details please  
contact:

P.C. SOMERVILLE (Ph.D.)  
Telephone: 0264 65955.  
EUROCHEM LIMITED

**Silk Screen Printing**



**SCREENIT  
ARTS LIMITED  
SILK SCREEN  
PRINTERS**

Quality silk screen printing on all  
types of bottles, caps, tubes, cans  
etc. point-of-sale material,  
laminates and plastics.

Single or multiple colours.

- FAST SERVICE
- COMPETITIVE PRICES
- TOP CLASS PRINTING
- ART WORK AND DESIGN  
DEVELOPMENT SERVICE

Let us quote! It will probably save  
you money!

9 Garman Road, London N17 0UR  
Telephone: 01-801 3171  
Telex: 263766

**Shopfitting**

**GOODMANS**

A complete shopfitting  
service for the Retail  
Pharmacy. We manufacture  
our own dispensary units,  
base and wall units, fully  
adjustable shelves  
throughout, drawer units,  
display counters and counters  
with glass binning.

**GOODMANS-JOINERS and  
CABINET MAKERS**

**The Rinkworks,  
40 Leagrave Rd, Luton, Beds.  
Tel: 0582 24085**

**Stock for Sale**

**PERFUMES  
PERFUMES  
PERFUMES**

Telephone for a price list.

**WEST LONDON LTD  
397 ACTON LANE, ACTON,  
LONDON W3  
TELEPHONE: 01-993 6409**

**Labels**

**PARK  
PRINTING**



**FOR LABELS**

DELIVERED IN 14 DAYS — OR NO CHARGE — THAT'S THE PARK PRINTING PLEDGE  
Phone for details NOW 051-708 8800

Park Printing, 41-43 Parliament St.,  
Liverpool L8 5RN.

**EXDRUM  
STOREFITTERS**

0626 · 834077

COMPREHENSIVE DESIGN, MANUFACTURE AND  
INSTALLATION SERVICE FOR THE RETAIL PHARMACY

KING CHARLES BUSINESS PARK, OLD NEWTON ROAD HEATHFIELD DEVON TQ12 6UT

**marspec  
SHOPFITTING LTD**

A complete shopfitting and design service, at  
competitive prices for the pharmacist.

Southern Office:  
Unit 4b,  
Grace Road,  
Marsh Barton,  
Exeter, Devon  
Tel: 0392 216606

Northern Office:  
4 Prestwood Court,  
Leacroft Road,  
Risley, Warrington,  
Cheshire  
Tel: 0925 827292

**Plan-exe**

DESIGNERS & MANUFACTURERS  
LIMITED

PROVIDING A COMPLETE  
SHOPFITTING  
SERVICE

PLAN-EYE COFTON ROAD.  
MARSH BARTON, EXETER.  
TEL. 0392  
52795



## 'Fly Flynn' gets off the ground

Ellan-Vannin, the new airway consortium headed by pharmacist Charles Flynn, says it will be applying for flight licences for routes from the Isle of Man to Luton, Spain and Scandinavia, in the next six weeks.

Mr Flynn has taken the role of managing director and chairman of the consortium until next month, when a new managing and financial director, said to be experienced in the aviation and transport business, will take over.

Ellan-Vannin aims to counter what they see as high prices operated by the current holders of licences for routes to the Isle of Man, British Midland and Air UK, while offering direct flights to the Continent from the Island.



## A rose by any other name

A rose named the Fisherman's Friend was launched at the Chelsea Flower show this month.

Lofthouse of Fleetwood's managing director, Doreen Lofthouse, pictured here with the flower, bid £12,500 to have the deep red rose named Fisherman's Friend in a Children in Need appeal on Derek Jameson's early morning Radio 2 show. And the appeal will continue to benefit from the rose as several Fisherman's Friend distributors in overseas markets have offered to donate part of their profits to the fund.



A Brut-ally high speed won Peter and Jan Armstrong first place in the first ever London to Brighton powerboat race sponsored by Faberge this month. An average speed of 57.17 knots gave them a two hour, 36 minute and 21 second record for the 170 mile route, in their boat, named, naturally enough, "Brut"

## Schwarz 'lend a hand'

Schwarz Pharmaceuticals gave a guiding hand recently.

Ian Troupe, managing director of the Buckinghamshire based company presented a local girl guide, 18-year-old Bethan Hitchings, daughter of PSGB treasurer Colin Hitchings, with £150 towards her official trip to Japan in July. She is one of nine girls from Britain who will join 16 from other countries for an international guiding camp.

## APPOINTMENTS

**Rorer Health Care UK Ltd:** Dr Geoff Hill has been appointed medical and technical director. He was previously medical director both for Lederle Laboratories and Warner Lambert. Dr Hill has responsibility for Rorer's clinical research programme and medical services in addition to technical development and formulation.

**Galen Ltd:** Tom King is appointed sales director. He was previously national sales manager.

**Alfred Dunhill Ltd:** Mark Henderson is appointed general manager of the Fragrance Division. Mr Henderson joined the company in 1985, moving from Max Factor UK.

**The Dee Corporation plc:** Berkeley Baker has retired from the Board and Dermot Coughlan and Anne Ferguson have been appointed non-executive directors. Mrs Ferguson is corporate publicity and marketing advisor to ICI and Mr Coughlan is chairman and chief executive officer of Derlan Industries.



Pharmacist John Edwards and his wife Brenda celebrate their pharmacy's 40th anniversary this month. They have worked together since arriving at Islington's Douglas pharmacy in Copenhagen Street in May 1947, describing the place then as "a dirty little shop like the black hole of Calcutta", where they sold only Vaseline, rose hip syrup and Aspro due to war time rationing. They are now helped by their daughter, pharmacist Gillian Gibson, and commemorated the day by sharing an anniversary cake with customers

## DEATH

**Stone:** Henry, aged 48 on May 16 after a long illness. Jenson Chemicals, of which Mr Stone was formerly a director write: "He will be sadly missed by all his friends and colleagues in the Industry. At the family's request the funeral will be private, with no flowers. Any donations to the appeal fund for a new Radiological Unit at the Royal Berkshire Hospital in Reading where Henry was treated, will be gratefully received."



# Manufacturing & Distributing Services

## PARACETAMOL TABLETS

IN BULK, BLISTER PACKS, BOTTLES OR STRIP

CONSULT

### THE WALLIS LABORATORY LTD

11 CAMFORD WAY, SUNDON PARK

LUTON LU3 3AN

Tel. 0582 584884

Telex 825335 WALLAB G



EUROPE'S LEADING MANUFACTURER OF  
PARACETAMOL TABLETS BP

## "DORMEL" MINIATURE FEEDER

from John Dowell & Sons Ltd of Saffron Walden

Suppliers of the "Dormel" Infant Miniature Feeder & Spare Latex Teats for well over 50 years — obtainable from the majority of Chemist Wholesalers.

Orders (wholesale only) and enquiries to:

John Dowell & Sons Ltd, c/o R. Higgs, 264 St Barnabas Road,  
Woodford Green, Essex IG8 7DP. Phone: 01-504 8718.

## Jungle Formula<sup>®</sup>

THE EFFECTIVE  
REPELLENT

MINIMUM 38% POR

From all major  
wholesalers or direct.

THE JUNGLE FORMULA  
CO LTD.,

FITTLEWORTH,

W. SUSSEX RH20 1ER.

Tel: 079-882-482

Telex: 847508 AMAZON G

Mid-Optic Ltd.

- the most comprehensive  
contact lens solution service  
available today.

**WE OFFER -**

**FREE** delivery on **ALL** orders.

Over 95% of **ALL** orders  
delivered within 24 hours. All  
solutions available in singles.  
Updated price list every 2  
months.

Exciting bonus offers

**HOTLINE (0332) 360464**

**MID-OPTIC LTD**  
**FREEPOST, DERBY DE2 8BR**

# Generics



Steinhard

We have the capacity and experience to  
manufacture over 1000 million tablets and fill over  
100 million capsules per year. We provide top quality  
products for home and export markets. Licensed by  
DHSS. Contractors to NHS. All enquiries welcomed.

M.A. Steinhard Ltd., 32-36 Minerva Road, London  
NW10. Tel: 01-965 0194.



## Apeils-Umdasch

— specialist systems for  
specialist applications.

**Apeils and Umdasch**  
together create shopfitting  
styles to stimulate sales — to  
your advantage.

Umdasch

designed to sell

### Apeils-Umdasch

— sturdy, standard structures with  
subtle variations in shape, colour  
and finish.

### Apeils-Umdasch

— is a modular system of  
silent salesmen — spacious display  
storage which pleases the eye and  
beckons the buyers.

### Apeils-Umdasch

— together, a splendid  
shopfitting combination —  
and one that works.

**Apeils-Umdasch build sales.**

**Apeils Systems Limited,**  
Unit P, Kingsway Trading Estate,  
Kingsway, Luton,  
Bedfordshire LU1 1LP.  
Telephone: Luton (0582) 457111.

**NEW**  
**Shoo!**

## Insect Repellent Wipes

Effective, convenient, odourless and non-greasy. Ideal for  
anglers, golfers, gardeners, walkers, family picnics and all outdoor  
pursuits. Available in packs of 10 sachets and as a lotion in a display  
outer of 24 x 30ml bottles

### Calsalettes<sup>®</sup>

Laxative Tablets — Gentle, yet effective

— The natural way to relieve constipation. Now available in new  
60 tablet packs — sugar coated and uncoated presentations  
for over the counter sale

### Dermoplast<sup>®</sup> Spray

A topical aerosol spray for the relief of pain in minor burns, cuts, wounds  
and abrasions. Easy to carry, simple to use. Dermoplast Spray provides  
soothing first aid for those holiday cuts and minor burns

These products are available from your local wholesaler and are promoted direct  
to your customers

**TORBET LABORATORIES LTD**  
Maidstone, Kent ME15 9QQ Tel: 0860 319350

<sup>®</sup>Trademark

The Right Choice at the Right Price



Shopfitting

The  
Complete  
System

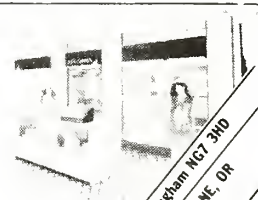
Whatever your shopfitting requirements  
ZAF have the answers...

- \* Quality Equipment
- \* Quality Design
- \* Quality Service

Full range of Dispensary fittings

for the  
Progressive  
Pharmacist

**\*\*FREE\*\* QUOTATIONS**  
**NATIONAL NETWORK OF LOCAL CONSULTANTS**  
**NATIONAL INSTALLATION SERVICE**  
**EXCELLENT FINANCE FACILITIES AVAILABLE**



ZAF Limited, Radford Court, Ilkerton Road, Nottingham NG7 3HD  
DIAL 100 AND ASK OPERATOR FOR ZAF FREEPHONE, OR  
POST COUPON 100M1 TO FREEPOST ZAF NOTTINGHAM NG8 8BB

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_

POST  
NOW



# NOR'CHEM'87

## G-MEX Manchester Exhibition Centre

Off Lower Moseley Street, City Centre, Manchester.

Sunday 14th June — 10 a.m. - 8 p.m.

Monday 15th June — 12 noon - 9 p.m.



### NOR'CHEM

## NORCHEM INCREASES PROFITS BY LEAPS AND £s

#### BRING THE FAMILY

Leave your children in our supervised play area.

#### A GIFT TO BUYERS

A £5.00 Gift Voucher to spend at the exhibition will be given to all bona fide buyers who register between 2p.m. & 5p.m. on Monday.

#### SYMPOSIUM ON A.I.D.S.

With Alan Nathan of the Pharmaceutical Society, and Bill Nellis of the Higgins Trust. Monday 5.30.

#### WINE AND CHEESE PARTY

Monday 6.30 - 7.30

#### FREE ADMISSION ON REGISTRATION

Further Information From: Trades Exhibitions Ltd., Exhibition House, Spring Street,  
London W2 3RB Tel: 01 262 2886 Telex: 25271 (Kenwood)G

